

# THE **CANADIAN HOSPITAL**

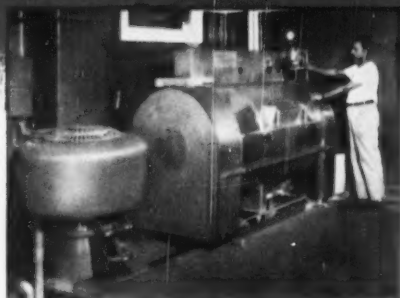
**OFFICIAL JOURNAL  
CANADIAN HOSPITAL COUNCIL**

**DECEMBER, 1950**

# CONGRATULATIONS to

# Rush Hospital, PHILADELPHIA

## On Its Compact, Modernized Laundry Department



At Rush Hospital, linens and uniforms are quickly washed sterile-clean in Monel metal CASCADE Washer, right. At left, Solid Curb Extractor for removing excess water from washed work.



On opposite side of laundry room, ZONE-AIR Tumbler (left) fluff-dries linens not ironed. RETRON Flatwork Ironer (center) irons sheets, pillow slips, etc. At right, one of 2 presses in special Press Unit for ironing nurses' and staff uniforms.

**PROBLEM:** This 168-bed hospital was faced with necessity of replacing old, costly-to-operate laundry equipment which could no longer supply adequate volume of clean linens.

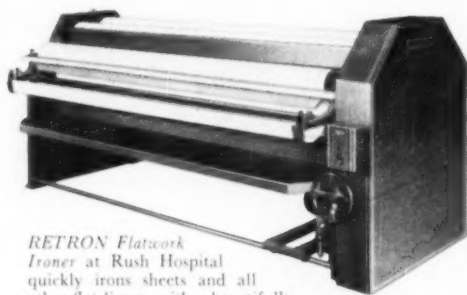
**SOLUTION:** Our Laundry Advisor was asked to study the problem and submit recommendations. He carefully analyzed volume of linens required for each hospital department. He then prepared plans for a modern laundry, utilizing up-to-date equipment of proper type and capacity to best meet hospital's particular needs.

**RESULTS:** Hospital reports exceptionally fast laundering at low cost with new equipment. Ample reserve supplies of sterile-clean linens and uniforms are always maintained in all hospital departments for any emergency. Yet laundry work hours have been reduced. The neater, more attractively laundered linens and uniforms are especially pleasing to patients and staff.

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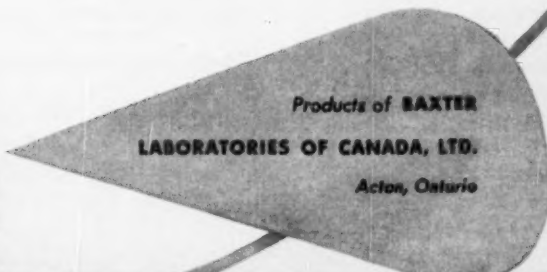


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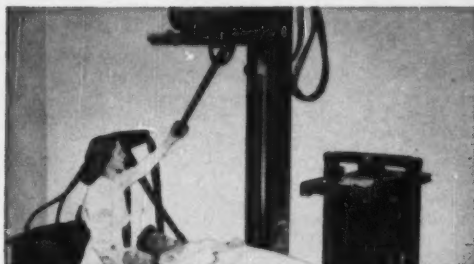
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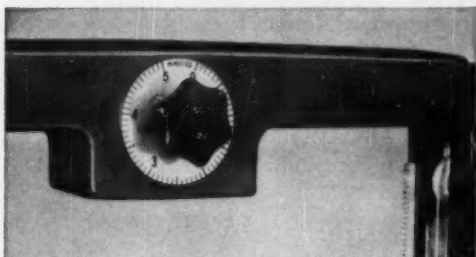


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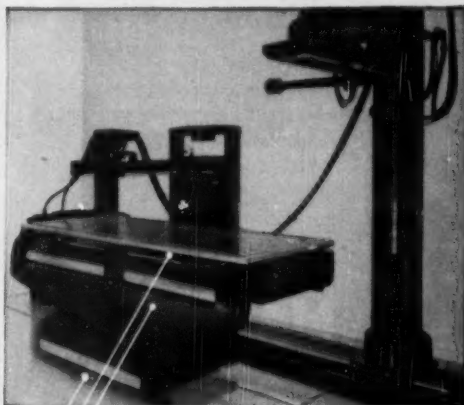
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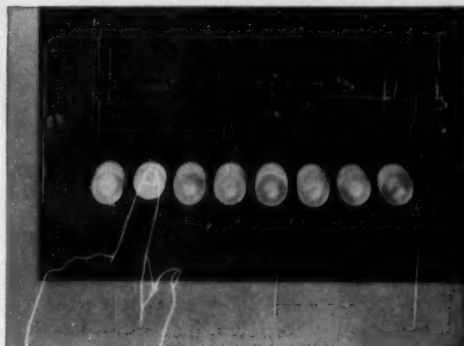
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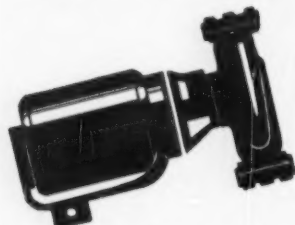
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## Across the Desk

### Successful Year for Hospital Exhibitors

**U**NDER the presidency of Mr. Edwin J. Turner, the Hospital Exhibitors Association concluded its most successful year with the convention of the Ontario Hospital Association which ended on November 1st.

Many new exhibits were included this year. In addition to those in the main convention hall, exhibits were given space in the corridors, the smaller hall between



E. J. Turner.



M. L. Heron.

the convention hall and the ballroom, and even extended to the mezzanine floor. With the largest registration in the history of the Ontario Hospital Association, the exhibitors voiced the opinion that all phases of the convention also reached a new high in interest and enthusiasm. As has been the custom in recent years, the H. E. A. sponsored the entertainment in the concert hall, following the annual banquet. The ever-popular Stanley St. John, and his orchestra, provided the music for the program as well as for the dance which followed. The artists taking part were: the nationally known "Four Gentlemen"; Zena Cheevers, dancer; Sid Lorraine and his humorous "Frasnia" medicine-show routine, and the Marquettes with a delightful miniature marionette show.

Mr. Turner presented to the retiring President of the O. H. A., Dr. W. Douglas Piercey, on behalf of the H. E. A., a beautiful travelling radio receiving set.

Officers elected for the ensuing year: President—M. L. Heron (Ingram & Bell Limited); Vice-President—Brock Shore (Colgate-Palmolive-Peet Co. Limited); Secretary-Treasurer—W. J. McLean (Simmons Limited).

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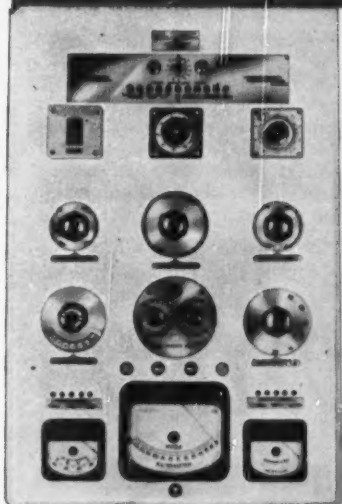
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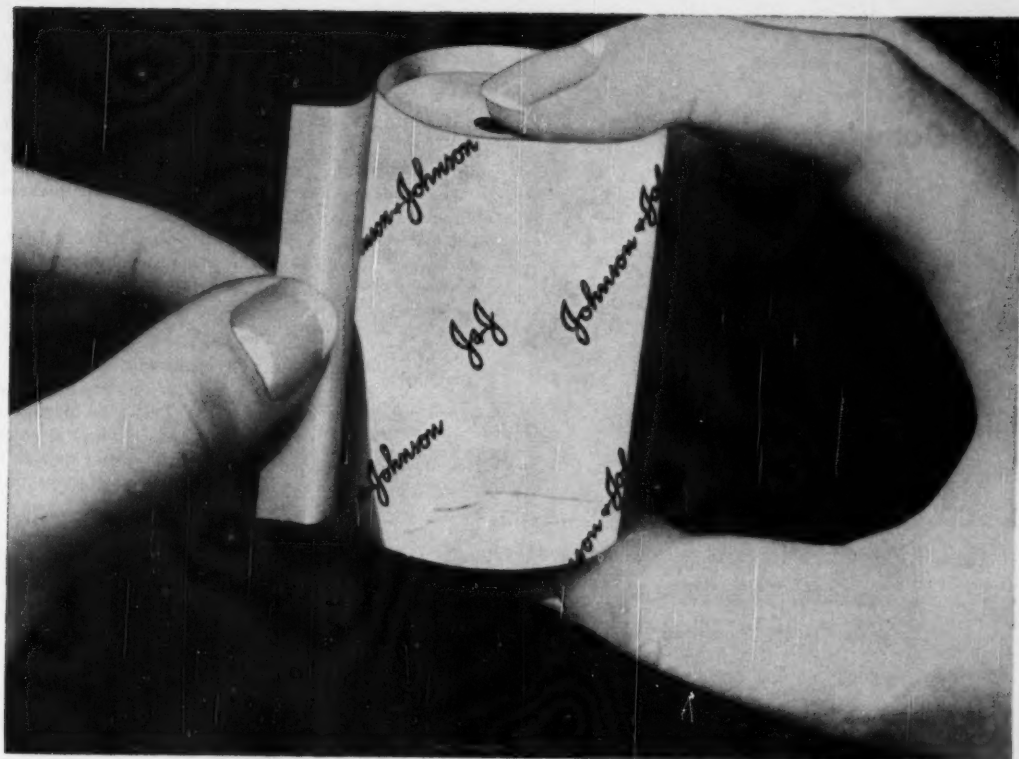
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**Across the Desk**

*(Continued from page 12)*

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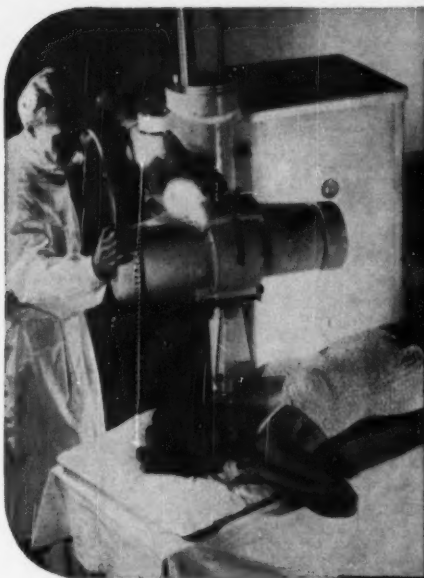
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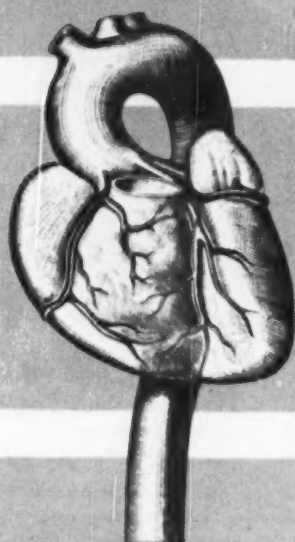
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● **AN ENTIRELY NEW DRUG.** Veriloid makes available for the first time the hypotensive principles of *Veratrum viride* obtained by an exclusive extraction process which separates these active fractions from inert material and less desirable alkaloids. The finished product represents, on a weight basis, but a small percentage of the crude drug from which it is derived.

● **A DEPENDABLE HYPOTENSIVE PRINCIPLE.** The pharmacologic activity of Veriloid is predictable and dependable. The drug exerts a selective relaxing action on the smaller blood vessels, leading to their dilatation, hence to a drop in blood pressure.

● **UNIFORM POTENCY.** Biologic standardization of the purified extract in dogs, in which depression of the blood pressure is used as the end point, insures absolute constancy of pharmacologic activity.

● **PROMPT, SUSTAINED CLINICAL EFFECT.** While individualization of dosage is essential for maximum therapeutic benefit, in the majority of patients the average dose of Veriloid—2.0 mg. to 5.0 mg. three or four times daily after meals and at bedtime—produces a sustained lowering of the arterial tension. Dosage determination is described in full on page 7 of the brochure, "Veriloid in the Management of the Hypertensive Patient."

*It is suggested that the physician refer to this booklet before administering Veriloid, since in this way the best possible therapeutic result will be achieved.*

*Veriloid is available on prescription only through all pharmacies in scored tablets containing 1.0 mg., in bottles of 100.*

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## Across the Desk

(Concluded from page 16)

### Diversey Corporation Opens Canadian Plant

The new and completely modern Canadian plant of the Diversey Corporation (Canada) Ltd., just completed, began operations on October 30. This latest addition to Diversey's manufacturing properties is a plant located on Lakeshore Rd. W. in Port Credit, Ont.



B. M. Kaple

B. M. Kaple is president and general sales manager of The Diversey Corporation (Canada) Ltd. J. O. Anderson is assistant secretary. Mr. Kaple's executive assistants are well-known from coast - to - coast in Canadian industrial sales and service.

R. R. Carson is assistant sales manager of the company. C. L. Hodgins is director of research and technical development. L. R. Corbett is manager of the Western District and A. H. McCaffrey of the Central District. T. C. Francis is manager of the Eastern District.

In addition to manufacturing and warehousing facilities, and a well equipped laboratory for research, the new Port Credit plant will provide office space for headquarters of the administrative and sales organization formerly located in Toronto.

Among the many products manufactured and sold by the corporation are a specialized line of cleaners, polishes, and disinfectants, for institutional and industrial maintenance.

\* \* \* \* \*

### Moffat Appointments

D. R. Moffat, Vice-President and General Manager, Moffats Limited, announces the appointment of C. A. Winder as General Sales Manager and Executive Assistant to the Vice-President, and J. R. Wright as Assistant Sales Manager. Mr. Winder joined the company in 1936 and has served as sales representative, distributor representative and merchandising manager of the electrical division. His thorough knowledge of the Moffat organization and his keen understanding of the problems of appliance sales, merchandising and advertising admirably fit him for this important post. Mr. Wright was formerly Ontario Division Manager, a position he has held for the past four years. Previous to this he was Sales Manager, commercial cooking division, and for three years he was Works Manager of the Moffat plant in Weston.

A sharp tongue is the only edge tool that grows keener with constant use.—*Washington Irving.*

The CANADIAN HOSPITAL

PROVIDENCE, R. I.

# Providence Lying-In Another case where HOFFMAN complete laundry equipment service IMPROVED PRODUCTION *as planned!*



An elevated "Shell-Less" washer and an open-end "Shell-Less" washer increased linen capacity at Providence Lying-In, processing with less water and a greater speed. In the foreground is a 48" Hoffman "Open-Top" Extractor.

Better production was the goal sought by the Providence Lying-In Hospital, when it agreed to a complete Hoffman laundry survey and modernization plan several years ago.

At the time, the laundry operated 7 days a week, with overtime paid for Sundays. Primarily responsible for this costly practice was the fact that linen demands ran 70% above the rated capacity of the washers then in use!

Hoffman Laundry Engineers set about making a complete linen inventory and a cost analysis, and arranged for a classification and sorting system. This data led to recommendations for new equipment which Providence Lying-In installed in 1947.

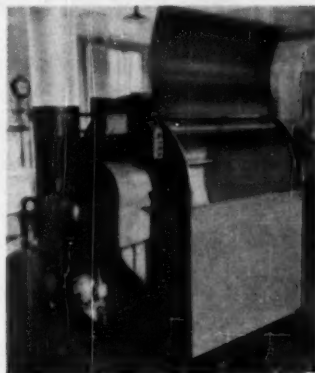
Today, the linen requirements of this 185-bed and 185-bassinnet maternity hospital are being processed with less handling and labor. Requisitions are filled faster and earlier, while the work week has been reduced to 5½ days.



**The Plans for Your New or Modernized Laundry  
are Available Now — WRITE FOR SURVEY!**

Analyzes your laundry operating costs; surveys your linen requirements and suggests control schedules; furnishes new layout plans; recommends equipment to help you save floor space, time, labor, fuel, supplies and linen.

Rough dry work is handled in this Hoffman 36 x 48 "Economy" side-loading tumbler, in a balanced set-up matching the increased washer output.



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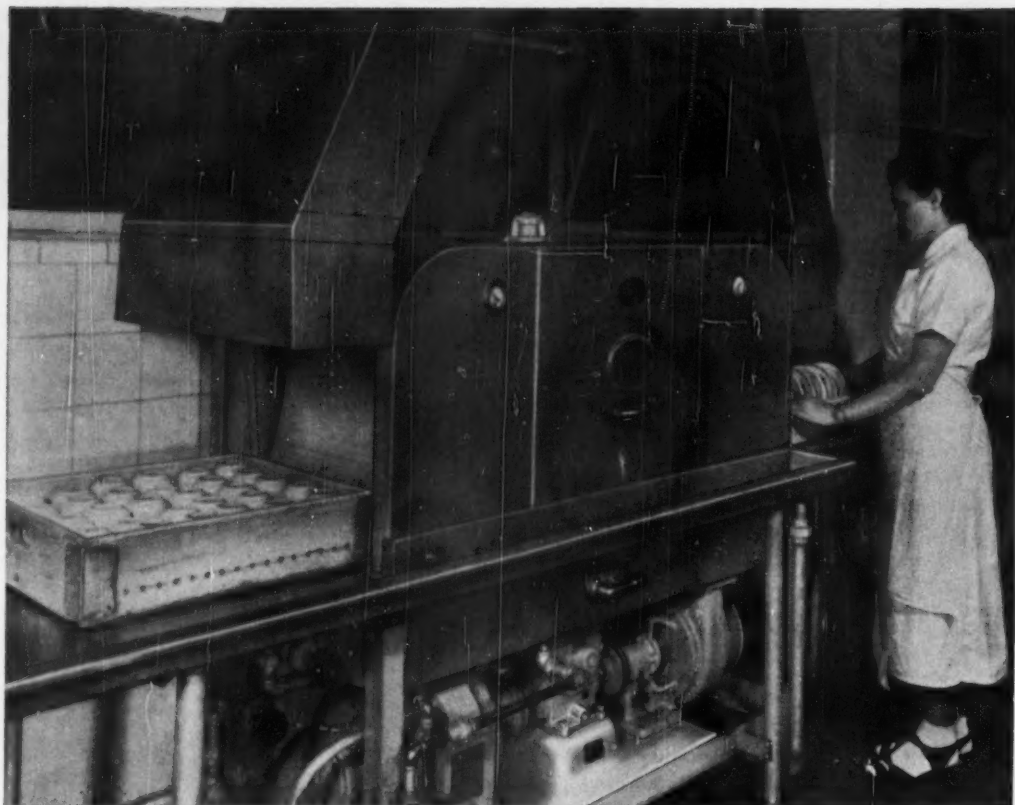
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DECEMBER, 1950

21



## McKEMCO REDUCES REWASHING!

Regardless of the volume of dirty dishes you handle daily, you can practically eliminate rewashing if you use McKemco Dishwashing Compound in your dishwashing equipment.

Chemically compounded for top performance in the water found in your locality, McKemco Products effectively stop scale formation, to keep machines in better operating condition at a lower cost.

*Check your supply of McKemco  
Dishwashing Compound today!*

Ontario Sales Representatives for Tray Laundry and Dry Cleaning Machinery



# McKAGUE CHEMICAL COMPANY

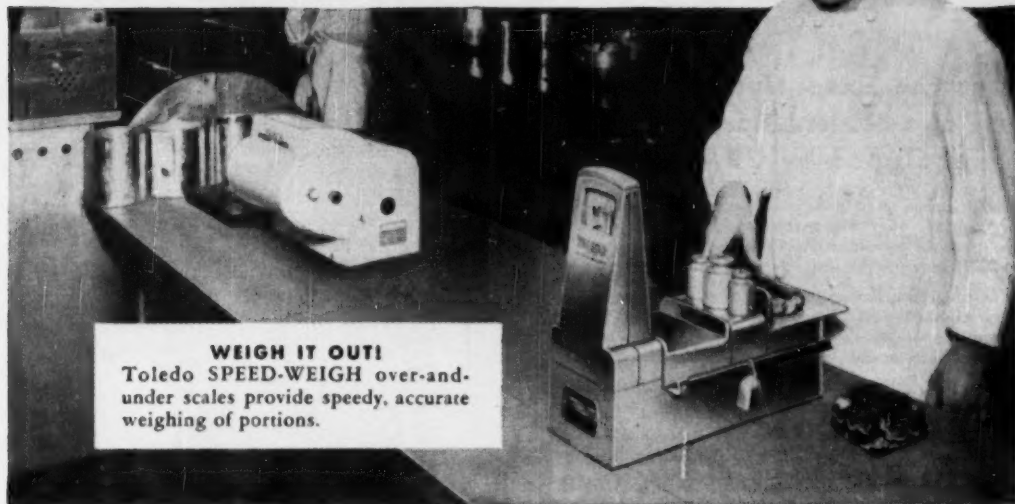
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# *Control Costs in your kitchen* with **TOLEDO** all the way!



**WEIGH IT OUT!**  
Toledo SPEED-WEIGH over-and-under scales provide speedy, accurate weighing of portions.

## MORE EFFICIENT HOSPITAL KITCHENS

Modern Toledo Scales and Food Machines help you *control costs* in your kitchen... *serve tastier, more appetizing meats*... and *save time* in handling and preparing foods!

Start right when food is received... *weigh it in!* To avoid costly oversize servings of steaks, roasts, salads, croquettes, patties and similar foods... *weigh out portions* with a Toledo SPEEDWEIGH Scale! To control quality... *weigh ingredients* going into mixes.

You can serve tempting new menu items—delicious **TOLEDO STEAKS**—produced with a Toledo Steak Machine. Also, a Toledo Saw and Toledo Chopper help save time and avoid waste in preparing meats. Ask your Toledo-man for more information—or write for new bulletin 1130. Toledo Scale Company of Canada Limited, Windsor, Ontario.

# TOLEDO

**SCALES AND FOOD MACHINES**



**WEIGH IT IN.** Toledo Receiving Scales ideal for weighing-in all produce and meats... Portable Scale Model 1800.



**NEW TOLEDO STEAKS**... wonderfully tender, tempting... new for your menus... produced by Toledo Steak Machine.



**SAWS.** New Toledo Saw... gives you big capacity... new speed and ease in cleaning.



**CHOPPERS.** New Speed... Toledo Chopper... gravity feed. Choice of three models to meet your needs.



# CRANE DURACLAY<sup>\*</sup> FIXTURES

"minimum maintenance despite constant use"

says the Executive Director  
of a Modern Hospital  
equipped by CRANE:

"Great care was taken in the construction to use only the best material. After considerable study, it was decided that the plumbing fixtures should be Crane. We have no cause to regret this decision.

"Our plumbing fixtures have been most satisfactory in every respect. We find that they require a minimum of maintenance despite constant and heavy use. We are happy to testify to our complete satisfaction with them."

High praise indeed! Yet these glowing words are typical of Duraclay users from coast to coast.

They agree that hospital fixtures of Crane Duraclay have no equal for unfailing service . . . for easy cleaning . . . for resistance to acids, abrasion, and scalding liquids.

This uncompromising quality extends through a wide range of Duraclay fixtures—plus all the specialized plumbing equipment that hospital service demands.

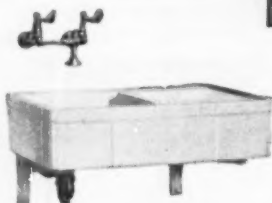
When you plan a new plumbing installation or modernize your present facilities, ask your Crane Branch, wholesaler, or plumbing contractor for full information—and be sure to have the new Crane catalogue, "Plumbing Fixtures for Hospitals and Clinics".

## CRANE LIMITED

GENERAL OFFICE: 1170 Beaver Hall Square, Montreal



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Here are pictured three of the Duraclay sinks and baths most popular with leading hospitals. From left to right, the C-6496 Duraclay Foot-Soak Bath, the C-5614 Riverside Instrument Sink, and the C-5621 Cornwall All-Service Sink.

<sup>\*</sup>DURACLAY exceeds the rigid tests imposed on earthenware (vitreous glazed) established in Simplified Practice Recommendations R-106-41 of the National Bureau of Standards.

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## CANADIAN HOSPITAL

Leonard O. Bradley, M.D., Editor

Toronto, December, 1950

No. 27

No. 12

# Obiter Dicta

"Happy Christmas to All and . . ."

**F**EW people, except those who serve or who have served in our hospitals realize that Christmas is, for the individual employee, one of the busiest periods of the whole busy year. So many days are spent in preparation—in decorating, in planning entertainment, special meals, and so on—in order to give the hospital a festive and also a home-like air. Again few, except those who have had a hospital Christmas will realize how much fun it can be—with carols, Santa Claus and treats.

Every patient, even the squawkers and the smallest of the toddlers who can't fathom the fuss, get something more in the way of a little extra—if hurried—attention, a warmer smile, and a cheerier greeting. There's a little more sparkle in the nurse's eye and a twinkle in that of every intern. This is what makes up the special prescription of the Christmas season—a tonic that gives even the most seriously ill a lift and a tug. In the correct dosage, it soothes the ache of being away from home.

All of this extra attention is given when most of the community are over-playing, over-eating, and generally over-doing. Fortunately, there is for the hospital employee, who may be cut off from the usual celebration, a substantial recompense, a real satisfaction through the giving of that most valued of all presents, a little extra time and a show of interest. The happiness of the patient, who becomes more than ever one of the family this day, takes the drudgery out of the long days when the rest of the town plays.

May we extend our special greetings to you all, with sincere wishes for a joyous Christmas and happiness in the new year.

"A Vous Tous, Nos Voeux . . ."

**P**EU de gens, sauf ceux qui servent dans nos hôpitaux ou qui y ont servi, se rendent compte que le travail de chaque employé est encore plus intense à l'époque des Fêtes qu'à n'importe quel autre moment de son année bien remplie. Que de jours passés à décorer, à combiner les réjouissances et les repas de festin, et à tous les autres préparatifs qui donneront à l'hôpital un air de fête et rappelleront le foyer! D'autre part, il faut avoir connu un Noël ou un Nouvel An à l'hôpital pour imaginer le gaieté de l'ambiance: les noëls, les petites surprises, le Père Noël, et tout le reste.

Chaque patient, même le rouspéteur et le plus jeune des mioches pour qui toute cette agitation n'est que mystère, est l'objet d'une petite attention supplémentaire, même si elle est hâtive: un sourire plus chaleureux, un bonjour plus cordial. Les yeux de l'infirmière et de l'interne pétillent plus qu'à l'ordinaire. Voilà l'ordonnance spéciale des Fêtes, un tonique qui "remonte" même le plus malade, et dont une juste dose calmera les regrets de n'être pas chez soi.

Tous ces petits soins sont octroyés précisément à l'époque où la plupart des gens se livrent, souvent avec excès, aux plaisirs de la table et à divers amusements. Heureusement, l'employé des hôpitaux, qui ne pourra participer aux réjouissances générales, trouvera sa récompense et sa satisfaction dans le don le plus apprécié: une nouvelle prévenance accordée au patient, un témoignage d'intérêt. Le plaisir du malade, qui entre un peu plus dans la famille à l'époque des Fêtes, fait oublier les longues journées de dur travail accompli alors que tout le monde s'amuse.

A vous tous, nos vœux particulièrement chaleureux,

avec nos souhaits les plus sincères pour un Joyeux Noël et une Heureuse Année.



## Freedom of Choice Restricted

**H**OSPITAL people in eight Canadian provinces will learn with some regret that, for a widely representative group, their Blue Cross non-profit prepaid hospitalization plans have been rejected in favour of another plan. This decision was made by the National Joint Council of the Public Service of Canada, a small central committee which, some years ago, was directed to study health insurance plans for the federal civil servants. People in hospitals and Blue Cross plans fail to understand the reasoning which prompted acceptance of some of the provisions of the plan introduced for the civil servants by the National Joint Council, and have cause to be concerned about and to resent some of the methods adopted in its introduction.

The plan having the greatest number of civil servants enrolled in Blue Cross, Ontario, is used for illustration.

About one-third of the residents of Ontario are members of the Ontario Blue Cross Plan for Hospital Care. Included among them is a high percentage of the federal civil servants located in that province. The civil servants (in common with many other groups) have wished for some time to extend their protection to include medical as well as hospital care. The National Joint Council of the Public Service of Canada has represented the government employees in exploring the possibilities of obtaining such coverage in a combined "package" plan.

In response to the growing demand for combined coverage, the Ontario Hospital Association, sponsors of the plan for prepaid hospital care known as Blue Cross, and the Ontario Medical Association, sponsors of the plan for prepaid medical care known as Physicians Service Incorporated, pooled their knowledge and resources. They produced a combined plan providing service benefits for hospitalization together with service benefits for in-hospital medical, surgical and obstetrical care. Both as to cost and benefits it compares very favourably with other plans of a similar nature.

The Blue Cross-P.S.I. package plan was offered to the National Joint Council for consideration by the civil servants, in May of this year. In August they were asked by the National Joint Council *not* to present this package plan. It would appear that not only was free and equal opportunity denied to Blue Cross-P.S.I., but also that the democratic right of comparison and self determination was denied to the rank and file of the civil service.

When the package plan was rejected, Blue Cross asked that its semi-annual enrolment period for the civil service group be opened as usual. The National Joint Council indicated that this would interfere with its arrangements for the introduction of an indemnity plan and requested that Blue Cross postpone the opening of the customary enrolment period for several months. This, Blue Cross, in fairness to its members, declined to do and opened the enrolment period in accordance with the terms of its contract.

The National Joint Council issued literature announc-

ing its selection of the indemnity plan. Senior civil servants were asked to take a personal interest in promoting the enrolment of individual civil servants in their departments and to co-operate in providing facilities for its presentation.

The National Joint Council asked these same senior civil servants *not* to extend the same privileges to Blue Cross. Rather, they were requested to *postpone* affording any administration facilities in their departments for the presentation of any plan other than the one promoted by the National Joint Council. This brings into focus a policy of discrimination.

Blue Cross had a record of continuous and expanding service to its civil servants group since August, 1941, and had always enjoyed sympathetic understanding and co-operation in government buildings. Surely these years of mutually helpful association warranted at least fair and considerate treatment both for Blue Cross and its civil service members. The virtual exclusion of Blue Cross from government premises, while National Joint Council waged a campaign for enrolment in the other plan, was comparable to placing a one-party ballot in the hands of the civil servants.

Both from their own interest in the payment of hospital bills and in the interest of civil servants who will be required to pay these bills, hospital people are asking (and not a few civil servants will be asking) for a fresh examination and a frank comparison of the hospitalization benefits in the plan put forward by the National Joint Council with those offered by Blue Cross.



## Unfair Advantage

**O**CCASIONALLY we hear remarks which imply that hospitals take unfair advantage of the trust placed in them by Blue Cross Plans, Insurance Companies, or others handling prepaid hospital care schemes.

One potential weakness of any form of insurance which includes prepaid medical or hospital care is the temptation which it creates for the beneficiary to seek financial gain to which he is not entitled. Many consider that theft from a large company is not a true theft in the sense of a moral crime—but actually it is theft from the other subscribers. Willful destruction of property for illegal gain from insurance is roundly condemned by society. Other forms of graft against insuring agencies, less sensational or dramatic, are equally serious financially, cause unnecessarily high premium rates, and tend to destroy the valuable security which various forms of insurance can provide.

With hospitalization insurance, the insurer has the protection of the hospitals and medical profession. For their own benefit, in protecting prepayment plans which they approve and support, the hospitals and doctors must be vigilant and must resist pressure (and sometimes abuse) to which they are subjected by patients seeking benefits to which they are not entitled and for which, in calculating the risk, the insurer has not made provision. To tamper with accounts, claim forms, or reports, in order to have benefits accrue to

the hospital or physician would be common theft. To do so in order to help out an unfortunate (or persistent) patient is in the same category, even though a jury might recommend mercy. To assist another person in doing so makes one "an accessory after the fact". A particular instance of this sort of thing has been drawn to our attention—without proof—but if it is happening, even in a few isolated cases, it is a very serious situation. For even a few hospitals to seek this sort of gain is to throw suspicion on the great body of hospitals

whose integrity cannot be questioned.

We are sure that insurers in the field of hospitalization, whether voluntary non-profit agencies or commercial companies, and their subscribers, have been and are being rendered a conscientious and honest protection by our hospitals and the medical profession. However, we also subscribe to the concept that they must not only be innocent, but must be above reproach. Scrutinize your own policies and practice and, if necessary, do some soul searching, to be sure.

## "NEW LAMPS FOR OLD" —

**H**OSPITALIZATION today includes much that was regarded formerly as in the field of the practitioner, namely, diagnosis and treatment. The changing concept of hospitalization has contributed to increased utilization of hospitals and contributed materially to the so-called increase in hospital costs.

A year or so ago a member of our hospital staff, for whose opinion I hold a very high regard, made the comment to me that one of his patients had been in the hospital for two days and had incurred a hospital bill of eighty-three dollars. The total seemed appalling. On analysis it developed that eleven of the eighty-three dollars were expended for what used to be regarded as hospital services, namely, food, housing and nursing care. The balance of seventy-two dollars was a charge for myelography, electro-encephalography and general clinical laboratory services, all of which essentially were diagnostic services and which, in my opinion, should be classified as medical services and not hospital services. Regardless of whether one classifies the charges as "hospital" or "medical" the patient, in my opinion, received full value for his money. It was possible to advise him that there was no evidence of a brain tumor or other intracranial pathology. A sim-

**A. C. McGugan, M.D.,**  
Superintendent,  
University of Alberta Hospital,  
Edmonton, Alberta

ple non-malignant cord tumor was demonstrated and removed and the patient now has a reasonable expectancy of another twenty to thirty years of healthy life.

### Our Amazing World

In our childhood many of us have listened with wide-eyed wonder to the tale of Aladdin and the wonderful lamp. Yes, the story is a fairy tale but the accomplished facts in the world of science since the turn of

the present century present a picture much more fantastic than any which the most imaginative fiction writer could have conjured. If in 1900 someone had described the world of 1950—with its myriads of automobiles crawling over the earth's surface like ants, with man travelling in submarines under the surface of the ocean and flying through the air at supersonic speeds—that person would have been subjected to ridicule as a hopeless visionary. Probably he would have been detained in a hospital as mentally unsound. In our youth many of us read Jules Verne's "Around the World in Eighty Days" with tolerant amusement. We followed the adventure of the incomparably methodical Phileas Fogg with interested incredulity. Yet in 1938 Howard Hughes circled the globe in 91 hours, 8 minutes and 10 seconds, covering 14,824 miles in the flight. In 1947 Reynolds and Odam encircled the globe flying 20,000 miles in 78 hours, 55 minutes and 12 seconds. Jules Verne's hero accomplished an imaginary feat in 80 days; Reynolds and Odam accomplished a similar actual feat in almost exactly the same number of hours.

### Medical Progress

The progress which has been made in the prevention and treatment of disease in the past fifty years is a tale far more marvellous than that of Aladdin's lamp. It is my purpose in this discussion to show how the



**A. C. McGugan, M.D.**

*An address presented at the Western Canada Institute for Hospital Administrators and Trustees, Winnipeg, Man., Oct. 1950.*

changing practices in medicine and surgery over the past fifty years and the contributions made in the various fields of medicine and surgery have developed a changing concept of hospitalization. The medical student, nurse, or hospital administrator, who graduates in 1950 probably has very little idea of his debt to the past unless he or she is a keen and appreciative student of history—and very few are. It is difficult to visualize the hospital of fifty years ago. Cases of smallpox, diphtheria, typhoid fever, scarlet fever and malaria filled the beds. The germ theory of the causation of disease had not been accepted fully and the hospital was regarded as a way-station in the journey to the Great Beyond. Cases of syphilis and gonorrhoea and the complications of those diseases filled the hospitals to the exclusion of other cases. Hospital infections were the rule rather than the exception and women were confined at home where they built up some resistance to their own environmental bacteria.

Many of the young men and women graduating this year will live to see the turn of another century. Doubtless they will look back on the progress of medical care and hospitalization during the second half of the twentieth century with the same reverent awe and wonder that we look back on the first half today, and doubtless, too, the graduates of the class of 2000 will take for granted the accomplishments of this century and regard them as having always existed. Also, the graduate of 2000 will regard the state of medical knowledge of today with the same tolerant pity that we regard that of the turn of this century.

Throughout the ages we have always had the fakery and quacks who are ever ready to capitalize on man's age-old urge for freedom from disease. They go up and down the land crying "New Lamps for Old". Throughout the ages, too, we have had the credulously gullible symbolized by Aladdin. They are easy prey for the quacks. Then, too, we have had the ultra-conservative, such as Aladdin's mother, who have a fixed distrust for the new. The bright part of the story, however, lies in the fact that every age has produced its medical geni—such men as Jenner, Sydenham, Lister, and Banting. Assiduously they have rubbed the lamp of

learning. As earnest scientists they have asked the eternal question, Why? They have had the wisdom to see, to record, and to think. The Truth has been in them.

#### Communicable Diseases

At the turn of this century the concept of hospitalization involved little more than the provision of food, shelter, and nursing care. Physicians were discouraged with the futility of treatment in such diseases as typhoid fever and diphtheria. Vaccination against smallpox had been practised for over a century and the medical world looked to preventive immunization as the great hope in the conquest of communicable diseases. In the dying hours of the old century, on Christmas Eve of 1899, Von Behring successfully treated the first human patient with diphtheria antitoxin. In our little village in Ontario the local doctor, a progressive practitioner, treated his first case of diphtheria with antitoxin in 1906. Toxin-antitoxin for active immunization soon was in fairly general use and was replaced by toxoid in 1922. The first twenty-five years of this century saw great progress in the conquest of communicable diseases and the public's conception of hospitals underwent a change. No longer was the hospital regarded as a pest house, a place of dread. It had become a house of hope.

#### Advances in Surgery

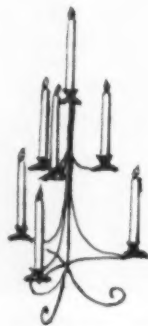
I recall that in 1927 several medical students were invited to observe one of the first blood transfusions given in Edmonton. The operation was a "full dress" one with three prominent surgeons participating. The procedure was carried out by

the multiple syringe method. Now blood transfusions and other intravenous procedures have become so simplified as to be regarded almost as nursing procedures. The more perfect techniques in blood matching and the determination of the Rh factor are added safeguards, and the use of blood transfusions in surgery, medicine and obstetrics is a common live-saving procedure. However, as in so many other branches of medical practice, the responsibility for carrying out the procedures has shifted from the medical staff to the hospital staff, particularly the members of the intern, laboratory and pathology departments. Advances in the conception of surgical physiology have made it possible to undertake more serious procedures by controlling electrolyte and fluid requirements. These newer procedures require frequent determinations of carbon-dioxide combining power, serum chlorides, serum sodium and serum potassium. Thus additional demands are made on hospital laboratory services.

Three decades ago an appendectomy was considered a very major and spectacular operation and the patient remained in the hospital from two to three weeks post-operatively. Now the patient is ambulatory in two or three days and his chances of developing an embolus have been decreased materially. The same statement applies to vein stripping, to a greater degree. In ancient Rome, parturient patricians were given six weeks convalescence in bed; parturient plebians were granted four weeks; and parturient slaves had two weeks of bed care. Five years ago women remained in bed for two weeks after child-birth. Now the patient is encouraged to become ambulatory within two or three days after parturition. Her convalescence is less dangerous and more complete. This conception of early ambulation in surgery and obstetrics requires many changes in hospital procedures, hospital equipment, and hospital construction. For example, the hospital requires more bathrooms and fewer bedpans.

#### Anaesthesia

Anaesthesia has undergone remarkable changes in the past quarter of a century. The increasing use of spinal anaesthesia with the use





of procaine, the introduction of the short-acting intravenous barbiturates, the introduction of cyclopropane, and recently, the use of curar, and curare-like products have made the science and art of anaesthesiology one of the most interesting branches of medicine. Most of the serious side and/or after-effects of anaesthesia have been eliminated. In 1920 it was considered quite a feat to keep a patient alive under anaesthesia for two or three hours. Now there are cases on record of patients having been kept alive under anaesthesia for from fourteen to eighteen hours. Undoubtedly the perfection of more recent operative procedures in chest and abdominal surgery and in neurosurgery owes some of its success to the advances which have been made in anaesthesiology in the past three decades.

#### X-ray

One of the most spectacular advances in diagnostic technique is that provided by x-ray investigation. The clinician depends to a great degree on Roentgen technique for the confirmation of his clinical impressions. Most large hospitals have a capital investment of from \$100,000 to \$200,000 in the x-ray department, and a current annual expenditure of from \$50,000 to \$100,000 in that department. Thoracic surgery has come into definite prominence in the past decade. In the lungs and the respiratory tree Roentgenology is an essential adjunct in diagnosis. In cardiac surgery the importance of accurate diagnosis of congenital lesions of the heart, so that those amenable to surgical treatment can be distinguished from those which are not, is obvious. This entails studies of blood oxygen levels in the chambers of the right heart. The technique of this procedure is quite exacting. A catheter is introduced into the median basilic vein and the operator determines where the catheter is in the venous system and heart by the use

(Continued on page 68)

\* \* \* \*

#### Résumé

L'auteur fait une revue générale des progrès qui ont été faits en médecine depuis cinquante ans. Ces progrès ont nécessairement changé les idées que les gens s'étaient fait sur l'hospitalisation. Tout ce que



## Christmas Greetings

MAY we here extend greetings of the season and a sincere "thank you" to all those who have contributed to our editorial pages during the past year—helping to make this journal truly the voice of Canadian hospitals. Warmest salutations also to our many advertisers for their loyal support—in setting forth each month news of products, tried and new, for the benefit of readers. To each and all—joy at Christmas time and throughout the coming year.

\* \* \* \*

A tous ceux qui ont collaboré à nos pages éditoriales durant l'année écoulée, aidant ainsi à faire de ce journal véritablement la voix des hôpitaux canadiens, nous présentons ici tous nos vœux et un sincère "merci". Nos souhaits les plus chaleureux, aussi, à chacune des compagnies qui nous accordent leur loyal appui en diffusant dans nos colonnes des nouvelles de produits éprouvés ou inédits, à l'intention de nos lecteurs. A tous et chacun du bonheur à Noël et durant toute l'année à venir!

—The Canadian Hospital.

nous prenons comme acquis actuellement est le fruit d'une longue évolution. Les maladies qui étaient responsables des hospitalisations il y a cinquante ans ne sont plus les mêmes. C'est pourquoi nous trouvons très peu de cas de gonorrhée, de syphilis, et aussi peu de cas de maladies contagieuses. L'infection post-opératoire n'est plus acceptée. Il est probable que les diplômés de 2000, prendront en pitié le peu de connaissances médicales que nous possédons.

De tout temps on a trouvé des chahutants prêts à faire gober toutes

les nouveautés à certains médecins et d'autres, ultra-conservateurs n'ayant foi en rien de nouveau. Mais aussi de tout temps, des hommes comme Jenner, Sydenham, Lister, et cetera, ont cherché le "pourquoi" des problèmes et ils ont démontré qu'ils possédaient la sagesse nécessaire pour voir, enregistrer, et penser. C'est de là que vient la vérité.

Les administrateurs d'hôpitaux n'ont pas les mêmes problèmes que ceux de 1900. Ils doivent être prêts à accepter les améliorations qui se présentent et à juger de leur utilité.

—Yves Prévoist, M.D.



# When Santa Claus Visits the Children's Hospital

Vancouver, B.C.

**C**HRISTMAS at our hospital is the same as that of your family and mine but multiplied many times. The happiness and round-eyed excitement is exactly the same.

Of course, it means months of planning, for Santa Claus must have some way of checking how many of the ninety or so little patients are likely to be in hospital during that period. Too, Santa with his toys and parties entails extra work on the part of the entire staff but no one really minds. The cleaning men pick up the many wrappings, the nurses find special dresses and ribbons for party days, the dietitian serves tea to visitors, and everyone joins in. However, it is important to see that everyone knows of these entertainments well in advance, as this will help in organizing the work.

It is in October that the Public Relations department starts compiling lists of boys and girls likely to

be in hospital and divides them into age groups. Dozens of copies of each list are made for they will come in handy before the season is over. Outpatients are also listed in the same manner and both lists are constantly checked. As time goes on, suggestions are added with particular disabilities in mind. Inquiries among the nurses and kiddies themselves yield many clues, such as the important fact that a desired fire truck simply must be red.

Since Christmas plans have to be completed well in advance, a December calendar is drawn up listing all parties, days for decorating, and any special details available. A copy is posted in the offices of the administrator, nursing superintendent, dietitian, and engineer. These are



**Jean Pearce,**  
Public Relations Officer,  
Children's Hospital,  
Vancouver, B.C.

kept up-to-date as events take shape. Small items, such as having the piano tuned, adding electrical extensions for entertainers, providing dressing rooms for the latter, and even supplying an extra pack for Santa, are all arranged.

All the wards at Children's Hospital have windows facing a wide verandah on the one side and along the corridors on the other. Before school closes for the holiday, teachers organize a hospital-wide contest for the most original and interesting window decoration. The design is carefully chosen, then drawn and cut out, and finally pasted on, with everyone sharing in the fun. There have been snow scenes, white tissue paper reindeer, and dozens of interpretations of a child's idea of St. Nicholas himself coming down the chimney.

Evenings are record playing time at the hospital and soon Christmas numbers begin to make their appearance. Pyjamas are donned to "Do you know what Santa Claus is going to bring me, nurse?". Hints as to the latter are passed along and even Joe, who does the floors, makes certain that Benny's dream of a cowboy suit gets down on the list.

At coffee time each morning the administrator plays the piano in the staff dining room and all join in singing their favourite carol. Several times during the season, the Salvation Army Band plays out in the yard to the delight of the youngsters who send out requests.

The second week in December the



*Great Expectations*

parties start with treats and favours. Last year, the Irish Fusiliers took over one evening with a picture show, repeated in all three wings. This was followed by ice cream and cake served by real soldiers in uniform who helped everyone unwrap gifts and even remembered the nurses with boxes of chocolates.

Friday of the third week is always the Library Ladies Party. This group from the Women's Auxiliary amuse the patients each Friday afternoon all year round and at Christmas they make a special pack of surprises for each individual child. Fat Santas that waddle on bedside tables are filled to overflowing with home-made animal cookies, mickey mouse balloons, hair ribbons for girls, and small toys for boys.



*Santa leaves happiness behind him.*



*The staff celebrate Christmas.*

For the past fifteen years a downtown club has sponsored an annual Children's Hospital party. Early in November their wives consult the lists at the hospital and go shopping. Presents range from pen sets to watches, from quilted satin housecoats and glamorous fur-trimmed slippers to wallets complete with real money. In fact, the party rivals that of the "Little Princess" of fairy tale fame. Some of the city's outstanding entertainers are secured and the city's leading executives help push the piano around.

Among the Sunday afternoon treats during December is a visit from one local fraternal organization whose members delight the

youngsters with their band and colourful regalia. In between parties, there are many groups of carol singers who make their appearance early in the evening on the wide verandahs of the building. There they can be heard and seen from the wards inside.

During the Christmas season, presents from people all over the province pour in to the hospital and they are all catalogued and acknowledged. From these donations, gifts are chosen for Christmas morning, with an eye to giving every child his heart's desire. The remainder of the gifts are placed in the toy storeroom and form the lifeline of playthings for the entire year. Strangely enough, even added to other items donated at different times, they just seem to stretch from December to December.

The hundreds of out-patients who regularly attend clinics are not overlooked at Christmas time. These children regard a Christmas Party as seventh heaven and they are well taken care of by the Women's Auxiliary. Through the courtesy of the directors of a local community centre and donations from many merchants and individuals, these ladies provide entertainment, candy, fruit, and a gift for every child. From much thumbed lists, the women write invitations to this affair and keep in touch to make certain whether or not the child is coming. In some cases they even provide transportation.

*(Concluded on page 34)*



*All this and cake, too?*

## They Rejoiced

HOPE is greater than history; and at Christmas time we take new confidence that the weak things of the world can confound the strong. For the moment we celebrate not our fears but our joys, and all our joys have their root in one:

Joy to the world, the Lord is come,  
Let earth receive her King.

The phrase "Merry Christmas" is an inevitable marriage of words. There is truth in the jingle, "Christmas comes but once a year, but when it comes it brings good cheer". Despite all that has been done to debase and paganize it, Christmas remains the loveliest time of the year. The trees, the bells, and the lights, which briefly adorn our houses are symbols of the sympathy and unselfishness which all too briefly adorn our lives.

The door is on the latch tonight,  
The hearth fire is aglow;  
I seem to hear soft passing feet,  
The Christ Child in the snow.

My heart is open wide tonight  
For stranger, kith or kin;  
I would not close a single door  
Where love would enter in.

So our spirits speak at Christmas; and like Scrooge's nephew we find it is a good time, a kind, forgiving, charitable, pleasant time; and therefore say with him that Christmas has done us good and will do us good; God bless it!

Even in the midst of the evil and terror of our time, he would be needlessly grim who would begrudge the world its Merry Christmas. It was an evil and terrible world in which long ago wise men sought the Christ Child; but when they looked to the light which shone above Bethlehem they rejoiced. And when our eyes turn again to the same light, the greatest light which has ever arisen on the human horizon we, too, can rejoice.

—Ernest Marshall Howse.





## Ils Se Réjouirent!

L'espoir est plus forte que l'histoire. Et à Noël renaît notre espérance de voir ce qui est faible dans le monde l'emporter sur ce qui est fort. Pour l'instant, nous célébrons, non pas nos craintes, mais nos joies; et toutes nos joies découlent d'une seule source:

Gloire à Dieu dans les cieux!  
Paix sur la terre!

Les mots "Joyeux Noël" sont inséparables. Il y a du vrai dans le dicton: "Noël ne vient qu'une fois l'an; mais lorsqu'il vient, il apporte l'espérance". Malgré tout ce qu'on a pu faire pour le paganiser et l'avilir, Noël reste la plus belle époque de l'année. Les arbres, les clochettes et les lumières qui garnissent brièvement nos demeures son les symboles de la sympathie et du désintéressement qui parent nos vies, mais d'un façon combien éphémère!

Minuit! Chrétiens, c'est l'heure solennelle  
Où l'homme Dieu descendit jusqu'à nous,  
Pour effacer la tache originelle  
Et de son Père arrêter le courroux.

Le monde entier tressaille d'espérance  
A cette nuit qui lui donne un Sauveur!  
Peuple, à genoux, attends ta délivrance,  
Noël! Noël! Voici le Rédempteur!

Le monde entier tressaille d'espérance! C'est le temps du pardon, de la charité, de l'allégresse.

Même parmi la terreur et le mal qui sévissent de nos jours, bien sombre serait celui qui reprocherait au monde de se laisser aller aux joies de Noël! C'est dans une ère de terreur et de mal que les rois mages cherchèrent l'Enfant Jésus, voici de longs siècles. Mais en voyant la lumière qui luisait sur Bethléem, ils se réjouirent. Et lorsque nous tournons nos regards une fois de plus vers cette éternelle lumière, la plus belle qui ait jamais éclairé l'horizon humain, nous aussi, nous pouvons nous réjouir.

Your Annual Report  
Can be Designed to

## Sell the Story

**W**E are happy to draw attention in this issue to honours received by two Canadian hospitals in this year's annual report competition sponsored by *Hospital Management*. As this is the time of year when most hospitals are planning their annual reports, we thought it timely to summarize briefly some of the many valuable comments which have been published on this subject.

The purpose of a report is to tell a story—the hospital's story. It must be told to people with a wide variety of interests and occupations.

Very few of them are accountants and statisticians and it follows that the story, if it is to be understood or even read, must be in an attractive form and a common language. Keep the complicated and detailed statistical data for the record and for its many practical and necessary uses in management and control. Present a graphic and interesting account of hospital activity for all other purposes and people, concentrating on accomplishments (and ambitions) in terms of their contribution to the health and welfare of the patient and the community.

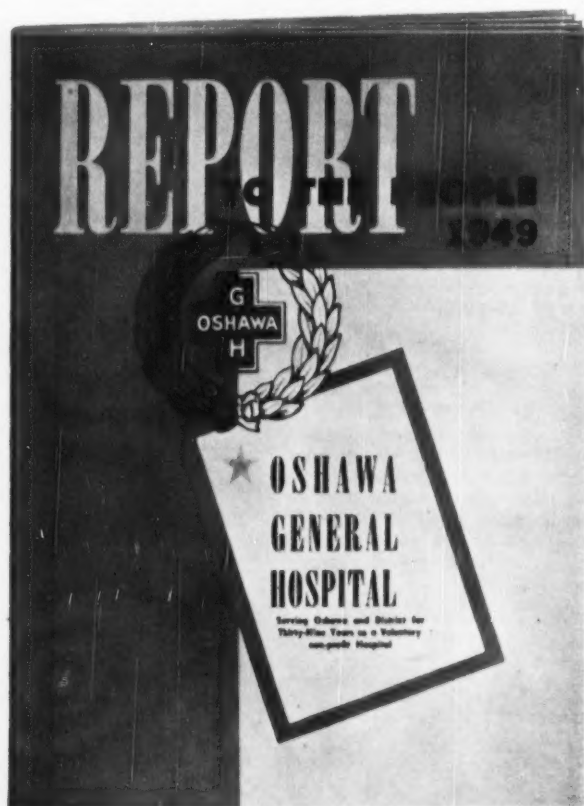
Tell the story clearly using the briefest possible text, illustrated by pictures, graphs, sketches and symbols. Emphasize features of service and human interest, but give financial and statistical information too. Make the figures live by illustration and where possible show them in comparison with other periods. Show sources of income and distribution of expenditures so as to explain dramatically the "why" of hospital costs and hospital finance. Make the story so understandable that the reader cannot but grasp the meaning of the report being given.

Give credit where it is due. Remember the doctor, the nurse, the technician and the many and varied groups who directly or indirectly contribute to the achievement of the hospital's purpose. It is not a report of an individual or of a department. It must indicate the many and complex ways in which the hospital is the centre of community health.

Among the things which can contribute to the production of an attractive, dramatic and interesting report are an artistic cover and layout. These may be achieved by the use of colour, attractive (but not necessarily expensive) paper stock, and careful duplication whether done by stencil, offset, or printing. Assistance may be sought, either voluntary or for a modest fee, from commercial artists, advertising agents, newspaper or magazine layout personnel, or experienced printers. Above all, the interest and enthusiasm of the hospital staff will produce original and creative thinking and greatly lessen the task.

Having taken the trouble to draw up a good report, see that it is well distributed. Once master copies or printers' type have been set up, additional copies are not costly. As well as trustees, lay and medical staffs, auxiliary members and others closely associated with the hospital, send it to the press, to hospital and professional societies and journals, and to as wide a selection of individuals and organizations in the community as possible. You're telling a story—tell it out loud!

There is a noticeable trend among our hospital family in Canada towards better public relations and, for this purpose, the annual report is an effective medium. Those who have not yet tried the popular type of





## HOSPITAL PERSONNEL

REQUIRED FOR CONTINUOUS SERVICE  
ROUND THE CLOCK SEVEN DAYS A WEEK



Vancouver General Annual Report.

report should not be discouraged by any apparent difficulties. The changeover from the stereotyped, voluminous, formal, unillustrated and uninteresting, can be accomplished in steps by introducing a few new features each year. Once an objective has been set and a start made, steady progress can readily be achieved.—M. W. R.

\* \* \* \*

### Annual Report Competition

Five o'clock, Sunday afternoon, September 17th, 1950, marked the annual award meeting for winners and runners-up in the competition staged by *Hospital Management* for the best annual report entered. A committee of judges was headed by Dr. Malcolm T. MacEachern, Director Emeritus of the American College of Surgeons.

A large enthusiastic group gathered in the Hotel Dennis, Atlantic City, to view at first hand some of the prize winning efforts in this contest, as well as a feature just introduced this year—a competition for public relations programs. Kenneth C. Crain, Vice-President and Eastern Editor of *Hospital Management*, presided and presented awards to the winners.

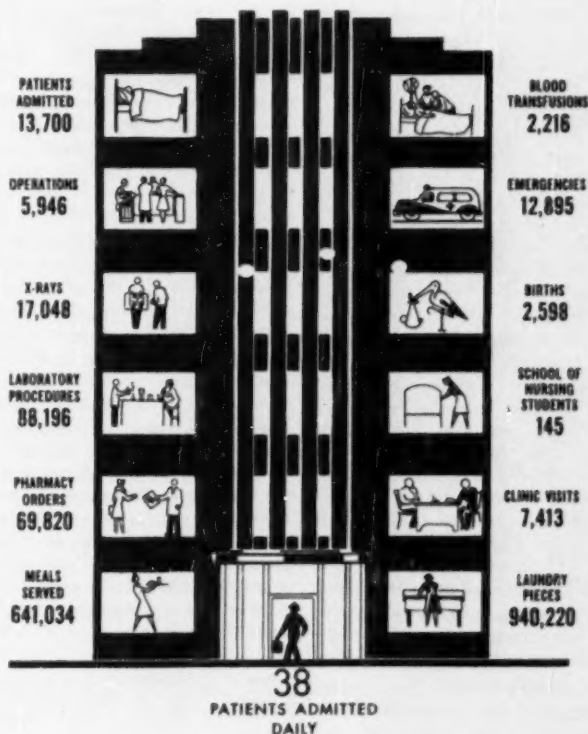
Dr. MacEachern, James A. Hamilton and Fred A. McNamara, execu-

tive office of the President, Bureau of Budget, Washington, D.C., addressed the meeting on the advantages accruing to the hospital through good public relations work. They all spoke of the opportunity available to the hospital through the medium of annual reports to interpret to the community the importance and scope of its service.

The old axiom of "any job worth doing is worth doing well" sums up the remarks of the speakers and the winning efforts on display clearly demonstrated the truth of their statements.

The competition for the best annual reports was divided into three classes, based upon the number of beds in any competing hospital. Two Canadian hospitals were among the prize winners, the Oshawa General Hospital carrying off top honours in Group 1 (under 200 beds) and the Toronto East General and Orthopaedic Hospital achieving an honourable mention certificate in Group II

(Concluded on page 72)



A Year of Service at the Toronto East General.



## "Gathering Winter Fuel"

At the Yuletide season a spiritual awareness permeates the hospital and is stored for strength in the months to come.

**Dorland Frederick**  
Kingston, Ont.

THE hospital, whether large or small, at all times presents a sober and dignified exterior to the citizens of its community. Some people would add the term "cold and forbidding" to that description. They realize, however, in spite of this not too prepossessing front, that miracles are performed within the hospital's walls and that a greater percentage of the admitted patients are returned to health and full or partial employment than ever before.

Little do they know of the true drama, and they never sense the stark reality, that lies concealed within the environment of the hospital. For those who work there, daily, year after year, this awareness permeates their very being and forms a subtle and enduring web of which the strands become stronger and more binding every year till they almost assume the strength of physical bonds. True, the public come and go as patients, visitors, or transient workers, but their senses never penetrate the mystery of the hospital aura. They never become aware of that powerful yet quiet energy that activates the modern hospital and enables it to function as it is intended to function, in spite of strikes, epidemics, wars, and private and political interference. All these things and more are known to those who have been a long time within the hospital walls but sometimes even the most unimaginative of us are impressed by a consciousness of something beyond the control of any human agency.

Overriding and submerging any such control is the "awareness" and "expectancy" that infiltrates every

corridor, every ward, every utility room, and even the sub-basement work shops, at the approach of the Christmas season. To those on the hospital staff who have spent a few, or many, Christmases in hospital service, this awareness is manifested in a hundred ways. You do not see these things with a different eye, or hear them with an "inner ear", yet the change is there and you know it just as surely as you know hunger and thirst. It reaches its fullness and greatest "expectancy" on Christmas Eve, gains strength throughout the night and Christmas Day, then in the weeks following the Great Day it gradually dissipates for another year (or does it?). When, throughout the ensuing year, the personnel in the hospital render services beyond the call of duty, show kindness and thoughtfulness (so strange amid the callousness of this modern age) to those less fortunate than themselves, then is this Christmas awareness brought to life again. This will be so long as the hospital works for the alleviation of suffering and healing of humanity.

The first physical signs of Christmas in the hospital are in the form of a requisition to pharmacy from the diet kitchen for a supply of *Spiritus Vini Gallici*,\* and the next day, to the educated nose, the second sign is evidenced in the corridors near the kitchen by the aroma of baking Christmas cakes; the aroma in a sense being the incense at the departure of the *Spiritus Vini Gallici*—a sad thought, yet one tempered by anticipation of good things to come. Then there is a period of waiting which is disturbed briefly the first week of December by the arrival of a truck load of Christmas trees.

\* Brandy.

About ten days later, these same trees after a face lifting and manicure (i.e. fireproofing and removing unwanted branches) appear on the wards and sun-rooms, ready for decoration. Pharmacy then receives requests for colours to mix with Bon-Ami or Snap Powder and the windows and doors change their appearance overnight. Santa Clause and his reindeer, cherubs, boys and girls with sleds and toys, appear as if by magic. Bells and holly sprout forth in archways and at the nurses' stations (they do say that sprigs of genuine mistletoe are there too). The children's wards are fairyland indeed, and here the nurses are lavish with all their love and skill, creating imagery of Santa for the little ones who will be in hospital for Christmas. The corridors, wards, and dining-rooms, are not neglected and, although each year the decorations are perfect, the next year they are even more perfect. It is uncanny; each class of nurses produces artists of rare ability—they never fail. How dreary the hospital would be if it were not for the unselfishness of the nurses who give so fully of their talent and time. They really work hard to put the "Spirit of Christmas" into the lives of everyone in the hospital at this season. Without doubt they are influenced by the awareness and expectancy of the season, but they would be the last to admit it.

On Christmas eve, after an early tea, an unearthly stillness settles over the entire hospital; its miles of corridors, hallways, and wards, are quieter than ever before. The very atmosphere loses its hospital odours and instead there is the scent of balsams and spruce, of goodies to come on the morrow, and the suggestion of crisp, cold, star-lit space. There appears to be an unexplained shortage of nurses but no one complains; it's Christmas, the lights are

dim and peace prevails; even the most fretful patients sense the unusual and are quiet. There seems to be a premonition of something new and strange and, while they wonder about it, there comes softly, faintly muffled by many twisting corridors and stair-wells, the sweet and ethereal sound of trained voices, singing once again the ancient Christmas carols. After an interval the singers are visible, and to see them grouped around their leader at a nurse's station, blue capes, red-lined, across their shoulders, stiff caps on heads thrown back, faces lighted by the flickering glow of their tapers, is to be strangely moved and made aware of the nearness of the Great Day. Happiness, mingled with nostalgia, chases the pain from the patients' faces and some of them cry happily because of past Christmas memories, strengthening the present promise of these ancient hymns of hope. This is indeed the realization of the Spirit of Christmas. The carol singers move slowly from ward to ward, singing as they go, and the carols are far sweeter than those in Cathedral halls that night. Their tour ended, they file slowly back to residence. Some will return to duty, others to the enjoyment of the Christmas tree in their own quarters, then to bed to dream of New Year's week-end when they will be with parents and loved ones.

From now on the evening routine takes over throughout the hospital, yet somehow everything seems just a little different. The patients are more considerate and the nurses have a little more leisure; they, too, feel the spell of this "midnight clear", and so the night passes into the dawn.

It is a well-known fact that Christmas day dawns earlier than any other day in the year, and the hospital Christmas dawn is no exception. As is to be expected, the children's wards are away to an early start, for they are well remembered by many organizations and there are mountains of presents to be opened. Everyone knows that dinner is one

of the highlights of the day and so breakfast is a rather hurried affair. The nurses, few in number due to the holiday season, are anxious for ward rounds and medicines to be over in order that they can visit other wards and offices to see the decorations and call on former patients.

As mid-morning approaches, the sound of music from somewhere in front of the hospital brings smiles of anticipation to the faces of the chronically ill patients. This is the treat for which they have been anxiously waiting, the highlight of the Day of Days. As the music of Christmas hymns and carols draws nearer, everyone stops working and listens. There is silence for a few minutes and then suddenly from the rotunda the music comes again, muted, sweet and low. It is a pretty sight to see



the Salvation Army Band in their uniforms dusted with snow, their silvery instruments reflecting the coloured lights from the rotunda ceiling. They are as happy as the patients on this festive day, playing throughout the hospital in advantageous places and finally forming in the courtyard to play their farewell hymns. While playing thus the bandmen lose their identity as the Salvation Army Band, as men and boys, women and girls whom you know in your daily life; they become one with the glorious music that through nineteen centuries has carried the message of Christ's Birth

to a restless world. To the Army, Christmas Day is not a day for personal pleasure, but rather one for self denial, thereby bringing happiness to those less fortunate than themselves. From early morning till night they are playing the music of the season in hospitals, institutions, and their own barracks. Their music is as much a part of the season as turkey and cranberry sauce. The memories of that mid-morning concert linger long in the shining corridors and go hand in hand with the sense of awareness throughout the year.

With everyone in the hospital very much in a mood for Christmas and its joys, the kitchens produce a feast that cannot be equalled anywhere. The diet kitchen has excelled in remembering every patient with special favours, such as tiny baskets, filled with candies and nuts, and topped with Santa Claus or cherubs. Patients of long standing have special gifts and the seriously ill are given favours and flowers so that everyone in the hospital has something to mark the day. To those who have worked hard for this day comes the satisfaction of seeing the results of their handiwork in the happiness of their patients and fellow workers.

After the rush of the afternoon visitors is over, tea hour comes as a welcome rest. Then there are a few more visitors and when the flurry of medicines is over the old routine of the night asserts itself, somewhat chastened to be sure, for after such a day how could it be anything else. The air of expectancy is gone, but the awareness has been strengthened by the carols of Christmas Eve, the band music of the day, and the unselfishness of everyone at this season. As the unnatural hush of Christmas Night settles upon the hospital, the corridor night lights seem to dim, the clang and rattle of elevators diminish, the phones tinkle more softly, the P.A.\* outlets whisper, and the awareness penetrates every nook and cranny, storing up strength for the coming year.

\* Public Address system.

**Attention Administrators:** The Hospital Report forms, which went out some weeks ago, are being returned to Canadian Hospital Council offices in large numbers. If yours has not already been mailed, please make this a "must" on your "Christmas mailing list".



## Caught by

Sisters, representing many different orders, were enthusiastic students at the Western Canada Institute.



Dr. Burns Roth, Saskatchewan Hospital Services Plan, chats with Lt.-Col. G. L. Morgan-Smith, R.C.A.M.C., Prairie Command, at the institute.



At the B.C. Hospital Association Convention, raconteur, Father H. L. Bertrand, Montreal (centre), has an appreciative audience in (left to right) Father J. A. Leahy, Chaplain of the B.C. Conference; K. R. Martin, B.C.H.I.S.; James Moir, B.C.H.I.S.; and Victor R. Page, Royal Columbian Hospital, New Westminster.



Everyone was given an opportunity on the first day of the institute to greet old friends and make new ones. The occasion was a "Let's Get Acquainted" tea held for faculty, exhibitors, students and their wives.



# the Camera

Words of wisdom from Dr. W. Piercey, Ottawa, left, to His Worship, Mayor Hiram McCallum of Toronto, as they glance through an O.H.A. program.



Examining one of the exhibits at the Associated Hospitals of Alberta Convention are Sister V. Boutin, Sister M. Laramée, both of Holy Cross Hospital, Calgary; Karl Fleming, Hospital Forms Limited, Leo Protte, Edmonton General Hospital, and Olive Kuehn, Wetaaskiwin Municipal Hospital.



A typical huddle at the Associated Hospitals of Alberta Convention: left to right, Reg. Adshead, University of Alberta Hospital; Dr. Don Easton, Royal Alexandra Hospital, Edmonton; Edgar Dutton, President of the Associated Hospitals of Alberta; and P. Q. Philip, Prairie Woollen Mills, Magrath.



Obviously enjoying the institute are Malcolm Morrison, Red Deer Municipal Hospital, Red Deer, Alta.; Maisie Kearns, Kipling Memorial Hospital, Kipling, Sask.; John McGill, Department of Public Health, Alta.; and Marion King, Kipling Memorial Hospital.



Among those already planning the next institute are, left to right: James Barnes, Calgary General Hospital; Paul D. Shannon, Secretary of the Associated Hospitals of Manitoba; and George Sherwood, University of Alberta Hospital, Edmonton.





# O.H.A. Sectional Meetings

## Information and Stimulation for Specialized Groups

**I**N our November issue (page 49) a general outline of the Ontario Hospital Association convention, held October 30-November 1, was published. Each year, one morning of this convention is given over to sectional meetings which deal with the particular interests of various specialized groups. There were seven sections meeting this year. Each meeting was well attended, with enthusiasm and interest evident in every group. Brief reports of these sessions follow.

### Trustees

Attendance at the meeting of the Trustees' Section on Tuesday morning, October 31, broke all previous records. The room was filled to overflowing and a number of enthusiastic

delegates were unable to find seats. Mr. C. C. Calvin, member of the Board of Trustees of the Western Hospital, Toronto, reminded his listeners that a Board of Trustees should relieve the medical staff of concern for everything but the care of the patient. The criterion of good hospital government, he said, should be the interest of trustees in their hospital, and a consequent realization of their responsibilities. Board members and staff should become acquainted and thereby facilitate harmonious administration, although trustees should procure all information through the proper channel, i.e., the administrator. Boards must, in particular, pay close attention to all aspects of finance, and yet should be careful to make these considerations

commensurate with general hospital policy. The problem of hospital expansion should be the responsibility of boards, while the matter of the self-perpetuation of good governing bodies should constantly be kept in mind. Lastly, the trustee should consider as remuneration for his work the satisfaction coming from conscientious effort.

Representing the Kingston General Hospital, Arthur L. Davies, Chairman of the Board, and Dr. N. E. Berry, President of the Medical Staff, Kingston General Hospital, debated the relationship between trustees and medical staff. It was agreed that about 90 per cent of the problems likely to arise could be settled through continuous mutual guidance while the remainder would demand, from both sides, good judgment and a struggle against prejudice. In any event, the medical staff would act as the recommending and consulting body, keeping within its own by-laws insofar as direct service to the patient was concerned, while administrative responsibility would, of course, be assumed by the Board.

Dr. J. B. Neilson, M.B.E., Superintendent of Hamilton General Hospital, sketched the relationship of trustees to hospital administration. He pointed out that the boards were responsible for policy in employer-employee relations. Opinion was growing in favour of improved salaries and working conditions for employees, in relation to the importance of hospital work. The general exhortations, "know your own hospital" and "learn the hospital field" were reiterated by the speaker, who pointed out also the great responsibility of boards in public relations, a field to which busy administrators cannot devote enough time.

Miss Edith R. Dick, Reg. N., Director, Division of Nurse Registration, Provincial Department of Health, discussing the relationship between trustees and nursing staff, pointed out the necessity for full co-operation between the two groups. Recent legal decisions seemed to indicate a somewhat greater liability on the part of hospitals for the negligence of nurses, because of their responsibility in the selection of personnel, although the nurse was still quite responsible for her purely professional acts. The speaker asked whether trustees had in the past become



Presentation at O.H.A. Banquet

At the annual banquet of the Ontario Hospital Association Convention held on Tuesday, October 31, at the Royal York Hotel, Toronto, Dr. Fred W. Routley (centre) was presented with the George Findlay Stephens Memorial Award for 1950 (see *The Canadian Hospital* October, 1950, p. 39). Dr. L. O. Bradley (right), executive secretary of the Canadian Hospital Council, read the formal citation. A gift from the Canadian Hospital Council accompanied the citation and was presented by R. Fraser Armstrong (left), president of the Council.

sufficiently conversant with the problems of the nursing staff. She suggested that heads of nursing staffs should be consultants at board meetings, and that boards should, in every case where a nursing school is operated in conjunction with the hospital, incorporate into their by-laws the aims of the school and the policies for its operation.

The picturesque address of Mr. Wm. M. Gray, Chatham, stressed the importance of the trustee today. The administrator needs someone with whom to discuss his many problems and, these problems being varied, so also should be the membership of the board to which he turns. Many walks of life should be represented, for all have something to contribute and the majority of the members should, if possible, be experienced.

#### Nursing Administration

The nursing administration section presented representative members from the main departments of hospitals who spoke on the various ways of saving nursing time. W. N. Roberts, Assistant Superintendent of the Victoria Hospital, London, looked at the time-saving element in admission procedures. He stressed that much of the clerical work on patient charts could be done by mechanical means, and that pre-admission forms were also time-savers. Michael Sullivan, of the laboratory at St. Michael's Hospital, Toronto, outlined ways that nurses could save time when ordering supplies from the laboratory. Sister M. Ancilla, pharmacist at St. Joseph's Hospital, Hamilton, emphasized that simpler requisition forms could save time for everybody. Rahno M. Beamish, Reg. N., Superintendent of the Sarnia General Hospital, showed how time could be saved when nurses were dealing with laundry problems. Ivor H. Hunt, Toronto Western Hospital, outlined the work of the central stores department and showed how time-saving elements had been introduced. Sister Mary Frederick, Chief Dietitian, St. Michael's Hospital, Toronto, explained how the nurse could save steps when tray-time arrived. Miss E. Pepper, Department of Veterans Affairs, showed how the x-ray department is integrated with the rest of the hospital. F. B. Walker, Chief of Maintenance and Engineering at the

(Continued on page 62)

## Dr. M. T. MacEachern Retires from A.C.S.

Last month came the announcement of Dr. MacEachern's retirement from the American College of Surgeons—after 28 years of brilliant service to that organization, as well as to the hospital field on this continent and abroad. As Canadians well know, his most outstanding contribution has been the development of the hospital standardization system which has done so much to raise the standards of hospital care during the past quarter century.

Early this year Dr. MacEachern relinquished the impossibly arduous responsibilities placed upon him as Director of the A.C.S. He then became Director Emeritus and for a time remained in charge of the Department of Hospital Activities. However, that phase of his numerous labours is now also passed on to others and Dr. "Mac" is free to devote his time to the many and varied demands made upon him by allied organizations.

Dr. MacEachern continues his duties as Professor and Director of Northwestern University's program in hospital administration which he established in 1943. He also carries on as Chairman of the Tri-State

Hospital Assembly and as director of the Chicago Institute for Hospital Administrators, sponsored by the A.C.H.A., which is scheduled for next September. He is President of the American Protestant Hospital Association, Honorary President of the Western Hospital Association, and Chairman of the Association of University Programs in Hospital Administration. Other activities are being urged upon him and concerning these he will announce his plans later. For the present, besides the above obligations, he is busy preparing revised and up-to-date editions of his well-known books *Hospital Organization and Management* and *Medical Records in the Hospital*. He is also preparing two monographs—"Hospital Standardization" and "The Point Rating System".

Hospital people at large feel an immense debt of gratitude to Dr. MacEachern for his unique accomplishments on their behalf and his untiring service through the years. They will be gratified to know that he remains active in so many phases of hospital work—not the least of which is his role as a teacher of prospective administrators.



#### En Route to Convocation at McGill

On his way to Montreal in October, when the honorary LL.D. degree was conferred upon him by McGill University, Dr. Malcolm MacEachern was greeted by friends at Malton Airport in Toronto. Left to right: Dr. L. O. Bradley, Eugenie Stuart, Murray Ross, Dr. MacEachern, and Dr. O. P. Pedrosa, a guest from Sao Paulo, Brazil. In the ten-minute interval between planes, "Mac" was presented with a lucky horseshoe of flowers embellished by a sash bearing the symbol of his newest degree.

It may be noted with interest that Dr. MacEachern is now three times a doctor—M.D., D.Sc., and LL.D. He is also thrice a Fellow—F.A.C.P., F.A.C.H., and F.A.C.S.

# In Appreciation of Blue Cross

**I**T has been said that Blue Cross lightens the "blues" and "crosses" of the hospital administrator. I, personally, can vouch for that. Little need be said about the welcome the monthly Blue Cross cheque receives in the hospital accounting office. During the six years, 1943 to 1949, cheques were issued to Maritime Catholic Hospitals for a total payment of \$2,759,927. When bills are piling up and collections are poor, when a large and threatening "minus sign" looms on the horizon, then that familiar "Blue Cross" looks like a providential "plus sign" to even up the balance a bit. What a relief that is to all concerned with hospital finances.

*From an address presented at the Annual Meeting of the Maritime Conference, Charlottetown, P.E.I., August, 1950.*

**Sister Anita Vincent,**  
Administrator,  
Halifax Infirmary,  
Halifax, N.S.

At the Infirmary we have found that Blue Cross makes for good public relations. When the Plan first went into operation in the Maritimes, our hospital was an enrolment centre and we made a number of good friends at that time. The individual patient, too, feels more at ease about coming into a hospital when he knows his expenses are guaranteed by his pre-payment plan. If nothing else, the elimination of the always unpleasant follow-up on past due accounts, keeps relations with former patients on that pleasant and friendly level which does so much for the hospital's reputation.

To the patient himself, quite apart

from hospital management, Blue Cross is a wonderful boon. When illness or accident strikes, there is worry enough without financial problems. Patients who are subscribers to the Plan are, therefore, more content in mind and should be able to regain health more quickly. In our Catholic hospitals we are most anxious that each and every patient receives the best possible care. But beyond that is our primary purpose—to aid them spiritually. This is more easily accomplished when they are relatively free from financial worries.

Blue Cross is a *voluntary* health insurance plan and, as such, our best defence against that compulsory health insurance which is being discussed with varying sentiments. It is interesting to note that the first Plan in America was worked out by a group of school teachers in Texas in 1929. By 1939 there were two million members; by 1944 there were eight million; and in 1949 there were 35 million members, of whom 300 thousand were in our Maritimes. This is still only a fraction, although a large fraction, of the possible number of subscribers. Hospitals can help swell this number. For example, they can organize groups among their own personnel. At the Infirmary we have various groups subscribing, such as the alumnae, the ladies' auxiliary, and the domestic employees. The admitting office staff can put in many a good word. Our office staff likes to quote the case of a patient who came near the end of his contract year and stayed into the next. He went to surgery and had a total of 39 days hospital care for which he had to pay only \$11.40 for special medications (penicillin and so forth). We like to quote this as an encouragement to subscribers to keep up their subscriptions and to non-subscribers to enrol as soon as possible. "Membership in Blue Cross" is a routine question in our hospital Admitting Procedure.

Blue Cross is a voluntary non-profit Plan; therefore our Catholic hospitals, which are voluntary non-profit hospitals, should be its champions. It is also a co-operative Plan, and this is the "Land of Co-Operatives". I feel certain that each and every member hospital of the Maritime

*(Concluded on page 70)*



**Sisters' Fashion Show**

The Sisters' Hospitals and the Maritime Blue Cross combined efforts in arranging this attractive exhibit which appeared at the Convention of the Maritime Conference held at Charlottetown, P.E.I., last August. The chart shows the total amount which Blue Cross has paid to the Sisters' Hospitals in the Maritimes since the opening of the Plan in 1943. The dolls are dressed to represent the habits of the three Religious Orders operating hospitals in the Maritimes: Sisters of Charity, Sisters of St. Martha, and Sisters Hospitalers of St. Joseph. Standing beside the exhibit is Rev. Sister Paula, Administrator of the Charlottetown Hospital, Charlottetown, P.E.I.

# An Opinion Survey of the Nursing Situation

ACCORDING to a recent survey, conducted by the Canadian Hospital Council, of representative hospitals across Canada, the nursing situation appears to be stabilizing. From the replies received (and there has been an excellent response), the trend in obtaining graduate nursing personnel was shown to be on the upgrade for 32 per cent, stable for 38.4 per cent, and becoming worse for 27.6 per cent. Although some hospitals, offering most favourable working conditions, indicated no shortage at all, the number showing a deteriorating picture is almost as large as that showing the brighter one. It was emphasized, on the whole, that the situation is far from being good. If any improvement is indicated it can only be considered a short term stabilization for there are more hospitals, more beds, and more public health and industrial services opening every day. Moreover, we have not yet considered the needs of our expanding armed services.

These and other indications of the present situation regarding nursing personnel were gleaned from questionnaires sent to a trans-Canada sampling of 125 hospitals, selected to give a representative picture of hospital problems in this country at this time. These hospitals vary in size, in location, and in ownership or control.

## The Trend

Replies to the various questions were segregated according to province and according to the size of the hospital. For our purposes, any hospital under 100 beds was classified as small. To simplify the presentation of these figures and to assist in making comparisons, charts are used to tell the story wherever possible.

The trend in obtaining nursing personnel as shown according to

provinces appears in Fig. I; as shown by size of hospital, in Fig. II. It can be seen that no outstanding tendency is exhibited, except that small hospitals, in particular, are definitely having trouble obtaining graduate

nurses, and that the supply of students and nursing assistants available is considerably improved across the board.

By provinces, the situation regarding graduates is, on the whole, becoming worse in the Maritimes, remaining stable in Ontario and the west, except Alberta, and improving in the latter province and Quebec. The number of students is fairly stable in Ontario and is improving elsewhere. Availability of nursing assistants is remaining quite constant from Ontario west, and improving from Quebec east. In some cases it was pointed out that the supply of local help in particular varies with the seasons—times of shortage are during the harvest season, the summer, and the period following graduation of student classes.

Fig. I

	Graduates	Students	Nursing Assistants
<b>Improving:</b>			
Nfld. ....	1		1
N.S. ....	1	2	1
P.E.I. ....	1		2
N.B. ....	2	4	4
Que. ....	8	6	9
Ont. ....	12	8	12
Man. ....	2	1	3
Sask. ....	2	4	6
Alta. ....	4		2
B.C. ....	3		3
	36	25	43
<b>Stable:</b>			
N.S. ....	3	2	2
P.E.I. ....		2	
N.B. ....	3	2	2
Que. ....	5	2	2
Ont. ....	11	8	9
Man. ....	6	3	3
Sask. ....	6	1	3
Alta. ....	5	1	5
B.C. ....	4	2	5
	43	23	31
<b>Getting Worse:</b>			
N.S. ....	3		
P.E.I. ....	2		
N.B. ....	3		1
Que. ....	3	1	1
Ont. ....	11	1	4
Man. ....	1		2
Sask. ....	2		
Alta. ....	2		
B.C. ....	3		
	30	2	8

Fig. II

	Graduates	Students	Nursing Assistants
<b>Improving:</b>			
Large ...	17	17	19
Small ...	19	9	22
<b>Stable:</b>			
Large ...	18	19	11
Small ...	25	5	22
<b>Getting Worse:</b>			
Large ...	9	2	5
Small ...	21		3

## Categories Showing Shortages

Where shortages existed, they fell mostly into certain categories (see Fig. III), with the lack of general duty nurses causing the greatest problem (53 hospitals); properly qualified ward supervisors were next in line (19). However, 33 hospitals indicated no shortage at all. The comparison between large and small hospitals showed a greater shortage of general duty nurses in the smaller hospitals, as might be expected, but in the more specialized categories, the large hospitals were in the greatest difficulty. The number having no shortage at all was about equal in each case. Under the heading of "Other", came a considerable variety of special categories, including O.R. nursing staff (2), nursing office administration staff (3), practical and student nurses, and night duty staff, both nurses and supervisors. In two cases, discontent among the permanent staff was mentioned, which was due to the married nurses, many of whom live out or work part-time, refusing to take their full share of night duty. Married nurses, however, are doing a great deal to help fill the gaps, especially with part-time work. An assistant director of nurses trained in teaching and supervision was being sought by a small hospital having graduates only. Shortages of allied personnel mentioned included laboratory technicians (3), a record librarian, and a dietitian; one small New Brunswick



Fig. III

	General Duty	Ward Super- visors	O.R. Super- visors	Obstetrical Supervisors	Nursing School Staff	Other	No Shortage
Nfld. ....	1	1	1		1		2
N.S. ....	5	1	1				1
P.E.I. ....	1	1	1				2
N.B. ....	3	2	3		1	3	7
Que. ....	9	2	1	2	4	4	5
Ont. ....	23	8	6	6	4	2	5
Man. ....	2	1	1	1	1	1	5
Sask. ....	2	1	1	1	2	1	5
Alta. ....	4					1	5
B.C. ....	6	2	2	1	1	1	1
	55	19	15	12	14	13	33
Large ..	20	12	9	8	10	6	16
Small ..	35	7	6	4	4	7	17

inconvenient transportation facilities; location within the city (Noranda); unattractive industrial location; the fact that the English population of a Quebec city was very small; and, in Ottawa, proximity to the better pay and shorter hours of jobs in civil service. In several cases location was considered only a possible factor, and in others it was found to cause many changes but no shortages. Stress was laid on the competition from industries and government agencies. Other factors

hospital, which had no nursing shortage, was in danger of having to close because of inability to secure a laboratory technician.

#### Local Factors

In an attempt to ferret out the local factors contributing to each hospital's individual situation, the reasons suggested were collected under the headings shown in Fig. IV. Some 18 hospitals confessed that they considered the wages too low, especially the smaller hospitals, although several of these, and many others, stated that their salary schedules were in line with the prevailing rates in their province. This comment appeared most often in the replies from the Maritimes. One hospital suggested that the salaries for nurses were too similar to those for nursing assistants. Hours of duty varied considerably, with by far the greater number working on a 48-hour basis (40); 30 of these were small hospitals. A split shift was mentioned in two cases. The 44-hour week came next, with larger hospitals in the lead here. Nine hospitals utilized a 48-hour-plus week,

Fig. V

(The survey asked: Would you use more nursing assistants if available? If not, why not?)

	Yes	Have Sufficient	Not Employed
Nfld. ....	1		
N.S. ....	1	5	3
P.E.I. ....	3	1	1
N.B. ....	2	5	3
Que. ....	10	9	7
Ont. ....	22	4	3
Man. ....	5	2	1
Sask. ....	4	5	4
Alta. ....	2	7	3
B.C. ....	2	7	6
	49	47	31
Large ..	28	16	
Small ..	21	31	

with four of these in Quebec. In some cases students worked 48 hours while graduates worked 44 hours. Three hospitals, two of which were small, had a 40-hour week, while three had a 45-hour week and two, a 46-hour week. Many administrators felt that shorter hours would definitely help the situation, although some of these pointed out the vicious circle of smaller staffs and longer hours; also a small staff necessitates too high a proportion of night duty and makes it difficult for the staff to arrange time off together. Lack of living accommodation was considered a serious handicap in 22 cases, both in large and small hospitals. Some felt a separate building was important. At St. Paul's Hospital, Saskatoon, however, all the girls preferred to live out. The heading, geographical location, covered the greatest variety of problems. Under it were included the inherent disadvantages of the small town with too often a lack of cultural activities (not to mention eligible young men);

mentioned were the poor working conditions in old hospitals, the high marriage rate, the lengthy training period, and the top-heavy number of nurses doing non-essential private nursing for chronics and convalescents. In Saskatchewan, it was suggested that after graduation, nurses like to move around and see Canada.

#### Nursing Assistants

As can be seen in Fig. V, the number of hospitals requiring more nursing assistants was about equivalent to those not needing them, and more large hospitals wanted them than small hospitals. Of the 47 not concerned with obtaining more, 31 hospitals already had a sufficient number, and nine hospitals did not employ nursing assistants. Of the former, several had "sufficient in ratio to the number of graduate nurses on the staff"—more aides could gladly have been used but it was necessary to build up the graduate staff first. One 50-bed hospital

(Continued on page 56)

Fig. IV

	Low Wages	Hours of Duty				Lack of		
		40	44	48	48 plus	Liv. Acc.	Location	Other
Nfld. ....	1	1	1			1		
N.S. ....	4			3	1	2	3	
P.E.I. ....	1			1			2	
N.B. ....	3		2	6		3	4	1
Que. ....	3		1	4	4	2	8	3
Ont. ....	4	1	2*	17	2	11	11	4
Man. ....	2	1	1	4	1	1		1
Sask. ....			3	2		1	2	1
Alta. ....				3		1	4	1
B.C. ....			6				6	2
	18	3	16	40	9	22	40	13
Large ..	6	1	11	10	1	9	8	6
Small ..	12	2	5	30	8	13	32	7

\* In Ont. there were also two hospitals having 45-hour duty and two having 46-hour duty. All but one were small hospitals.



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# Food and Its Service

Sponsored by  
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Association

**T**HIS article has been compiled by the Equipment Advisory Committee of 1949-1950, Canadian Dietetic Association. Data was collected by its representatives across Canada on the subject of flooring materials best suited for use in kitchens, service and dining areas, as this subject applied in their respective areas.

## *Kitchen, and Service Room Floors*

Tile is generally accepted throughout the country as the most practical and satisfactory material to use for flooring in kitchens, dishwashing rooms, and on all service room floors. It is highly sanitary, does not stain or absorb grease or water, and is very easy to keep clean. It is most durable and will stand up under very heavy traffic for many years. The initial cost is fairly high, but the upkeep is small as broken tiles can be quickly and easily replaced without giving any effect of patching even after years of use. It is not as hard on the feet as terrazzo and always maintains an attractive appearance.

Terrazzo runs a close second to tile in popularity for floor coverings in kitchen and service room areas. It is also very easily cleaned. It is somewhat less costly to lay than tile but unless well laid it does crack and is expensive and difficult to repair. Terrazzo floors should always be laid in metal framework or cribbing. This framework can vary in size but the maximum size for any section should not exceed 3 feet square. This helps to hold the terrazzo and reduces cracking. If cracks should occur in this type of floor, re-

placement of only a small section is then necessary, thus cutting down expense. Terrazzo lends itself to attractive colour schemes as it is now available in a large range of colours and colour combinations. Thus floors can be much more in-

factor, particularly in dishrooms, is considerable.

Linoleum is not a practical floor covering wherever there is likely to be much moisture on the floor. It swells and cracks thus becoming unsanitary as well as an accident hazard. It also becomes unattractive without frequent waxings, a factor which makes its use in a kitchen unadvisable.

Cement, though used to some extent, is not considered a suitable flooring for any of these rooms. It is very tiring to the feet and leg muscles. It absorbs grease and can never be kept clean and fresh looking regardless of how often it is scrubbed.

## *For Dining Room Floors*

Rubber tile, an excellent floor covering, is highly resilient for foot comfort, long wearing, easily cleaned, has good colour range and can be attractively laid. The upkeep is very small.

Linoleum, the most widely used, is quite suitable, gives foot comfort, is easily cleaned, and stands up well to heavy traffic. Although not as durable as rubber tile, it has unlimited colour and pattern selection and is very attractive when it is kept well waxed. Upkeep and replacement in connection with linoleum are greater than with rubber tile, though the initial cost of laying the former is less than laying the latter.

Hardwood, though attractive in appearance, is not recommended for floors in large dining areas. It is noisy, expensive to keep in condition, is an accident hazard, and marks with every wet footstep. ●

## *Focussing Attention on Floors*

teresting than before when monotonous black and white were used. However, terrazzo does stain in time and is tiring on the feet.

Both tile and terrazzo floors should always be laid with a coved curb which runs up all adjoining walls to a height of from 8" to 10" and around all corners. This is more sanitary and helps to make cleaning easier.

Rubber tile laid on a cork base, though not yet used very extensively, would seem to be the ideal floor covering. It is very easy to clean and has the greatest resiliency for foot comfort. It is available in a wide range of colours and is both serviceable and durable. Although the initial cost is high the upkeep is nominal and the reduction in the noise

## *Federal Grant Helps Expand Speech Therapy Clinic*

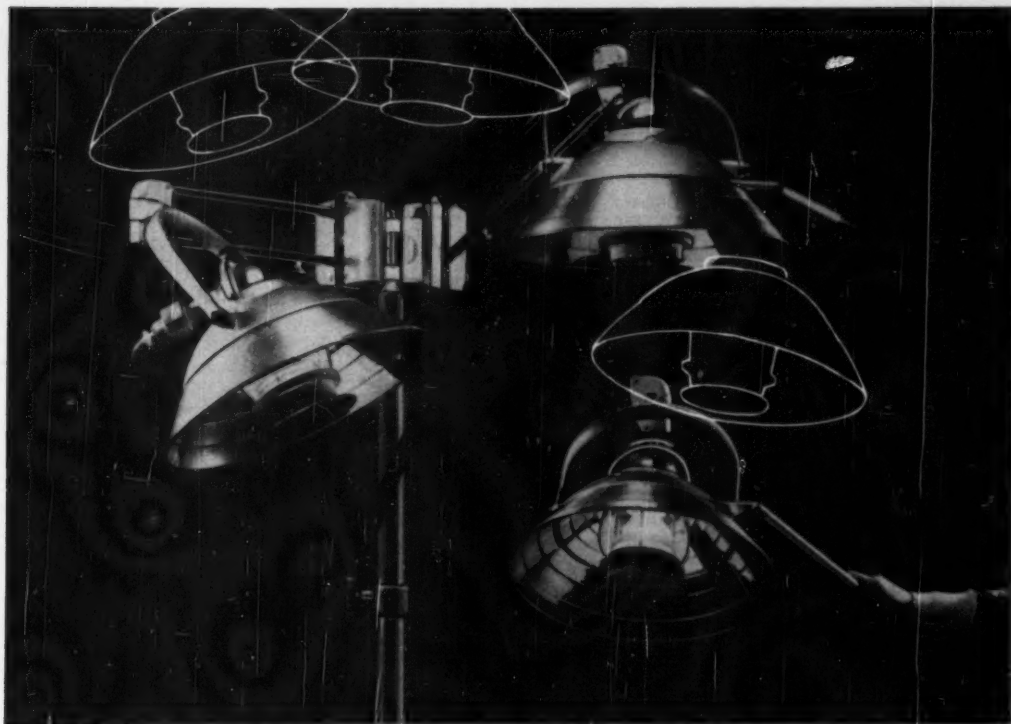
A grant from the federal health funds, will assist the Royal Victoria Hospital, Montreal, to extend its clinic for the treatment of children with speech defects. It has been estimated that nearly two per cent of school-age children have some type of speech defect.

In January, 1949, the speech therapy clinic was opened at the Royal

Victoria Hospital under Dr. Hamilton A. Baxter. Demand for this type of treatment has increased to such an extent that additional staff has become necessary. The federal grant will meet the salaries of an additional speech therapist, an assistant speech therapist, and a social worker, all working full-time. A dentist, orthodontists, and a medical research worker, will be employed part-time. Funds will be used also

to provide further technical equipment and supplies for the clinic.

All special services needed for this work will be brought together at the clinic and it is expected that it will be of value as a research centre for the development of new treatment procedures and possibly preventive therapy. It is estimated that costs for the new expansion program will be about \$20,200 during the current fiscal year.



The Castle Explosion-Proof Safelight shown in a composite action photograph

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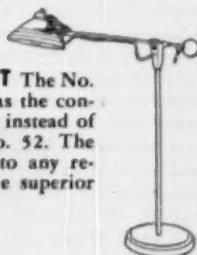
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## ◀ Health Care Plans ▶

### Labour Officials Praise Blue Cross Plans

At a Labour-Management Workshop held in Montreal, on November 1st and 2nd, for the benefit of representatives of the Canadian Blue Cross Plans, three labour officials representing important Canadian labour bodies voiced approval of Blue Cross and conveyed the workers' appreciation of its benefits.

"Blue Cross is a pioneer in the field of health security and will receive the recognition and preference reserved for pioneers", said R. M. Bennett, vice-president of the Quebec Provincial Federation of Labour (A.F. of L.).

"Blue Cross has our full approval", said Philippe Vaillancourt, regional director of the Canadian Congress of Labour (C.I.O.), "and you are assured of our complete co-operation."

"You are to be congratulated", said Albert Côte one of the legal advisers to the Confederation of Catholic Workers of Canada. "Blue Cross has made fabulous progress in Quebec, and workers who have discussed the Plan with me have always voiced complete satisfaction."

E. R. Complin, O.B.E., industrial relations manager of Canadian Industries Limited, and one of the nation's top experts in the field of industrial relations, attended the November 1st luncheon. In the course of his remarks he stated that a private survey covering 68 major industries throughout Canada revealed that all but two sponsored some provision for hospital and surgical benefits or services and that Blue Cross was the medium at the disposal of employees and their families in 57 per cent of the cases.

Those in attendance from the Canadian Blue Cross Plans were: Ruth Cook Wilson, T. L. Doyle, and D. O. Downing, from the Maritimes; J. A. Monaghan, from Alberta; and R. A. Robertson, J. E. P. Stewart,

Jack Walden, and David Jones, from Ontario.

\* \* \* \*

### Health Service Incorporated Offers Nation-wide Plan in U.S.

Health Service Incorporated, national enrolment and service agency for the Blue Cross Plans in United States, entered into its first formal group hospitalization contract, at the beginning of November, when certain employees of the United Press Association throughout the nation were enrolled in the Plan. Health Service Inc. is an Illinois non-profit insurance company which is owned entirely by the Blue Cross Association. Its establishment was approved by the board of trustees of the American Hospital Association in 1949. Through this service Blue Cross offers to national organizations, having employees in several localities, a master plan which provides the same protection to all employees, at all points of employment, and at uniform rates. The uniform rate that a corporation is offered is determined by taking an average of hospital charges in the various areas where employees are located. Thus the problem of different hospital costs throughout the country is solved. All the advantages of local Blue Cross coverage are offered and in some cases may be more extensive than those provided by the local Plan. Provision of benefits under this enrolment in no way affects existing arrangements between contracting hospitals and Plans regarding reimbursement for hospital services provided. Claims are paid by the local Blue Cross Plan. Information about this service may be obtained from Health Service Incorporated, 370 Lexington Avenue, New York 17, N.Y.

\* \* \* \*

### Manitoba Blue Cross Plan Introduces News Bulletin

The Manitoba Hospital Service Association is now publishing a

monthly bulletin "Hospital Notes" for circulation to Manitoba hospitals. The publication is comparable to those issued by other Plans in the different provinces. At present it is mimeographed but plans are being made to expand it to a glossy paper edition. Best wishes to the editors for every success in their new venture.

Among the news items in the third issue was this information "... 4138 Blue Cross patients were admitted to hospitals during the month of October. Blue Cross paid out \$185,511.08 in claims to the hospitals."

\* \* \* \*

### Manitoba Hospital Service Sponsors Health Project

The Manitoba Hospital Service is now sponsoring a scrapbook project contest for Manitoba high school children. This project is designed to help develop an awareness of the need for health and recreational facilities in building a better community. With the approval of the Department of Public Health and Welfare and the Department of Education the contest opened at the beginning of November and will close the end of March. Students from grades nine to twelve in all Manitoba schools are eligible to enter and scrapbooks are supplied free of charge by the Association.

\* \* \* \*

### Blue Cross Spreads to Anticosti Island

Blue Cross completed its growth "to the four corners" of Quebec on the first of September, 1950, when a large group among the hundreds of employees of the Consolidated Paper Corporation Limited outpost at Anticosti Island enrolled in the Plan for hospital-surgical-medical benefits. Located some 360 miles north-east of Quebec City and 550 miles from Montreal, Anticosti can be reached only by plane in winter as ice blocks the port. At other times, it is serviced by ships from Quebec City, Montreal, and Gaspé.

Health, like freedom and peace, continues only as we exert ourselves wisely to maintain it.

—Edward J. Stieglitz, M.D.

*Reprinted from the "Blue Horizons", Montreal, October-November, 1950.*



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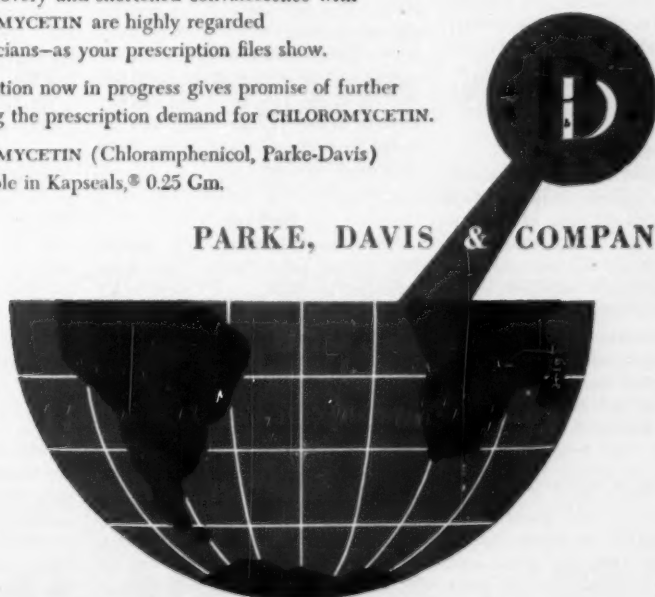
**CHLOROMYCETIN** has captured the attention of the medical profession. First isolated from a mold obtained in Venezuela, developed—and now synthesized—at the Parke-Davis laboratories, it was clinically tested in various parts of the world from Bolivia to Malaya.

**CHLOROMYCETIN** has a remarkable therapeutic action on a wide range of diseases, many of which are unaffected by penicillin, streptomycin and the sulfonamides. Effective by mouth and unusually well tolerated, this antibiotic combats acute undulant fever, typhoid fever, typhus fever, scrub typhus, Rocky Mountain spotted fever and granuloma inguinale. In the more frequently encountered illnesses, such as urinary tract infections, and bacterial and atypical primary pneumonias, rapid recovery and shortened convalescence with **CHLOROMYCETIN** are highly regarded by physicians—as your prescription files show.

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## Notes on Federal Grants

### Construction

The new memorial hospital being built in Bowmanville, Ont., to replace the existing one which is obsolete, is almost completed. It will have 50 beds and a 20-bassinet nursery. The federal grant toward the cost of construction is \$56,600. At Niagara-on-the-Lake, Ont., a new 30-bed hospital is being constructed and will replace the present 10-bed institution. It will serve about 4,600 people in that area and will receive \$30,600 from the federal government in construction grants.

The general hospital at Espanola, Ont., is adding a new wing which will provide accommodation for four more patients and a seven-bassinet nursery. St. Joseph's Hospital, Parry Sound, Ont., is constructing a two-storey addition which contains space for 33 beds, an 18-bassinet nursery, and related facilities. A section of the hospital now being used for patients will be renovated to serve as a residence for hospital personnel. The federal grant toward costs is \$39,000. A grant of \$11,200 has been set aside for the Port Arthur General Hospital, Port Arthur, Ont., for construction purposes.

### Crippled Children

Nearly \$40,000 from federal grants have been allocated to provide aid for the crippled children of the province of Quebec. About three-quarters of this amount has been set aside to buy orthopaedic appliances for victims of poliomyelitis and other crippling diseases. The money will be used for helping children in districts where service clubs and social welfare groups are not operating or do not have funds for this work. It is estimated that several hundred children will be helped yearly from this grant. More than \$9,400 have been allotted to the Society for Crippled Children to enable the extension of its services. This work includes the transportation of children from their homes to orthopaedic clinics. The grant will also aid the

development of a program to teach parents how to carry out home treatments prescribed by orthopaedic specialists and physiotherapists.

### Mental Health

A federal grant of more than \$77,000 in the current fiscal year will meet the salaries of key personnel at the Crease Clinic for Psychological Medicine at Essondale, B.C. The grant includes salaries for the director, the assistant director, directors of radiology, neurology, research and laboratories, a psychiatrist, a senior psychologist, two assistants in psychology, two physiotherapists, six occupational therapists, and an electroencephalograph technician.

To provide improved care for mental patients requiring lobotomy operations a consultant in neurosurgery has been added to the staff of the British Columbia mental health service. Federal funds will also pay for the salaries of two additional physicians. One will serve at the provincial mental home at Colquitz on Vancouver Island, and the other with the provincial travelling child guidance clinic. More than \$93,700 from the federal health grants have been allotted to British Columbia for these improved services.

### Personnel

Three more bursaries for special training in public health have been awarded to residents of Newfoundland. Two of the bursaries go to nurses who will take a year's course in public health nursing at Dalhousie University, Halifax. The third bursary has been awarded to a member of the laboratory staff of the St. John's General Hospital, Nfld., for two years' training in pathological chemistry at the University of Toronto. To improve nursing education at the St. John's General Hospital, Nfld., the salaries of two university-trained supervisors, one for surgical and one for medical nursing, will be paid from federal funds. An

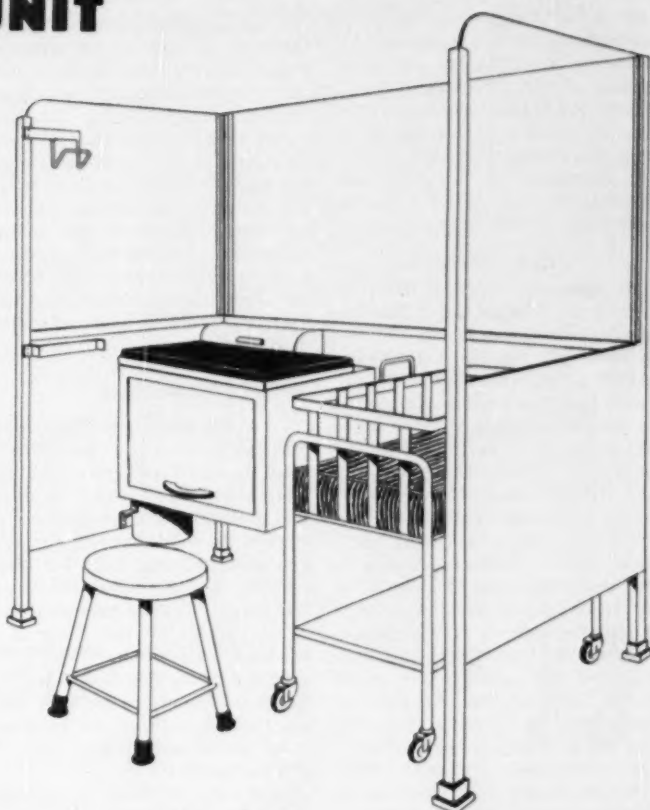
additional radiotherapy technician will be obtained for the x-ray department of this hospital and a clerk will be hired to operate the health department's microfilm recorder. The costs of these projects in the current fiscal year are estimated at \$7,900.

Twenty-nine more bursaries for post-graduate training in public health have recently been approved for Alberta residents. Eleven of the awards go to nurses for a year's training in public health. Eight of these are enrolled at the University of Alberta, two at McGill University, and one at the University of Toronto. Fifteen nurses are enrolled at the University of Alberta for courses in the teaching and supervision of nurses and on completion of their courses will return to various schools of nursing throughout Alberta. An Edmonton doctor has been awarded a bursary for a year's course in hospital administration at the University of Toronto. Another grant has been allotted for a year's training in psychiatric social work at the University of Toronto. A teacher, to be trained in mental health problems, has been awarded a grant for a year's study at the University of Toronto. She will return to Alberta to act as consultant for other teachers and will work with the Edmonton Guidance Clinic on the behaviour and adjustment problems of school children. The cost of these bursaries in the current fiscal year will total about \$23,400.

Bursaries have been awarded to eleven more persons from Manitoba for post-graduate studies in various phases of public health. Four awards go to nurses for advanced study in methods of administration, supervision, and teaching of public health nursing. Three of the recipients are enrolled at Columbia University, New York, while the fourth is at McGill University, Montreal. Another nurse is taking a year's course in supervision in psychiatric nursing. Two doctors have been awarded a year's course in public health at the University of Toronto. A surgeon from the Manitoba Sanatorium, Ninette, was granted a bursary for a short course in bronchoscopy at the University of Illinois, Chicago, and another doctor is to spend a year at the Child Study Centre of Yale University, New Haven, Conn., where he will specialize in the psychiatric as-

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## *Empire* NURSERY CUBICLE

THIS NEWLY DEVELOPED UNIT PROVIDES A SELF-CONTAINED ENCLOSURE FOR EVERY INFANT, THEREBY MINIMIZING CROSS-INFECTION IN THE NURSERY.

Every cubicle is designed to provide completely private facilities required for the efficient and sanitary care of the new-born infant. The undesirable practice of circulating babies in frequently crowded nurseries is eliminated. Here, every infant is independently situated, and has exclusive use of equipment. This is recognized as an important factor in the prevention of cross-infection.

Busy nurses will appreciate the self-contained units for the time-saving factors and convenience involved.

The "Empire" nursery cubicle is being enthusiastically

welcomed by the Medical Profession and nursing staff as another distinctive step towards modern planning.

**Construction:** Lower section of the partitions is made of steel, and finished in baked enamel. Upper section of the partition is of heavy plate glass with polished, bevelled edges. Storage compartment is of welded steel with disappearing door.

The Government Approved dimensions of the "Empire" Nursery Cubicle are 4 feet by 4 feet.

## SURGICAL SUPPLIES

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pects of paediatrics. A bursary for a year's course in psychiatric social work at McGill University, Montreal, has been awarded to a Winnipeg man. A teacher from the cerebral palsy nursery of the Children's Hospital, Winnipeg, has been awarded a year's training course in speech therapy at Kent State University, Kent, Ohio. The estimated cost for these bursaries in the current fiscal year is more than \$17,600.

#### Public Health

An estimated \$5,500 is being allotted to three public health divisions in Ontario to extend their services. In Oshawa a full-time veterinarian is to be added to the staff of the city health department and special studies on diseases of animals which might be related to human health will be carried out. A sub-office of the Leeds and Grenville health unit will be opened at Kemptville. This will facilitate the work of the public health nurse and the sanitary inspector in this large rural area of eastern Ontario. Funds have also been allotted to pay the costs of opening a sub-office of the Porcupine health unit. This will serve about 10,000 people in the towns of Matheson and Iroquois Falls, the townships of Calvert and Black River, and the neighbouring unorganized townships which comprise an area of 900 square miles.

Ten arthritis and rheumatism clinics in six Ontario cities are to be equipped with special technical apparatus purchased with a federal grant estimated at \$43,620. These are to be located in the General, Western, and St. Michael's hospitals in Toronto; the General Hospital, Hamilton; Victoria Hospital, London; one of the larger Windsor hospitals; the General Hospital, Kingston; and the Civic Hospital, Ottawa. Two mobile clinics will be based in Ottawa and Kingston.

Public health services in Manitoba have been allotted \$15,300 from national health grants to buy x-ray, surgical, laboratory, and health education equipment. Of this amount \$8,500 has been set aside to provide improved laboratory and x-ray services to residents of the Roblin Hospital district. This area, which has a population of more than 10,000, serves the towns of Roblin and Grandview, the rural municipalities of Shellriver, Hillsburg, and Grand-

view, and parts of the municipalities of Shellmouth, Bolton, and Park.

A laboratory technician is to be added to the staff of the Dauphin Health Unit, Dauphin, Manitoba, for the purpose of testing milk and water supplies. Federal funds totalling \$2,500 have been set aside to meet his salary and to buy the laboratory equipment required for this work. The Manitoba Sanatorium, Ninette, will receive \$2,000 to buy special equipment to provide more extensive surgical services. More than \$2,200 have been allotted to buy films and filmstrips to extend health education in Manitoba.

#### Tuberculosis

To enable discharged tuberculosis patients to train for re-establishment, federal funds have been set aside to pay the salaries of two full-time rehabilitation instructors to work in the Vallée Lourdes Sanatorium, near Bathurst, N.B. All sanatoria in New Brunswick now have this service. Funds have also been made available for the salary of a full-time rehabilitation officer to be employed by the New Brunswick Tuberculosis Association for work with sanatoria throughout the province. Films and other teaching material will be purchased to assist in this program and in educating the general public on the problems of tuberculosis control and rehabilitation. Funds are being allotted to buy B.C.G. vaccine to immunize nurses-in-training in general hospitals and sanatoria staffs against tuberculosis. Federal health grants were used last summer to employ a medical student to assist the medical staff of St. Joseph's Sanatorium, St. Basile. The estimated cost to the federal government during the current fiscal year for these projects is \$5,300.

More than \$15,800 have been set aside to pay for the mobile clinic based at the Gaspé Sanatorium. It is to be used for mass x-ray surveys in the counties of Gaspé East, Gaspé West, and Bonaventure. A grant of more than \$12,200 will cover the cost of a permanent x-ray clinic which is being set up at St. Luke's Hospital, Montreal, and more than \$19,400 has been allotted to buy a radiographic and fluoroscopic unit for the Grace Dart Home Hospital, Montreal. The Jeffery Hale's Hospital, Quebec City,

has been granted more than \$12,500 for additional x-ray equipment.

Four sanatoria in Ontario are expanding their clinical services and the provincial tuberculosis control service in northern Ontario is to be increased with the help of federal grants. An additional doctor and x-ray technician are to be added to the staff of the Brant Sanatorium, Brantford, to organize new monthly clinics in Port Rowan, Port Dover, Watford, Delhi, and Burford, and to increase the number of clinics held in Simcoe and Brantford. The Freeport Sanatorium, Kitchener, will add a doctor and an x-ray technician to its staff. An extra doctor, who will spend full-time in the supervision of clinics which operate from the Muskoka Hospital, Gravenhurst, will be added to the staff of that hospital. In eastern Ontario the Ongwanada Sanatorium at Kingston will be responsible for the existing clinics in that area and for the development of new ones in the counties of Frontenac, Lennox and Addington, Leeds, and Grenville. Formerly this area had been served by travelling clinics operating from Belleville and Ottawa. These will continue to serve areas not assigned to the Kingston Sanatorium. Federal grants have been authorized to buy portable x-ray equipment and to meet the salaries of a physician and an x-ray technician for the new clinic. To aid in expanding tuberculosis case-finding in northern Ontario a federal grant for additional equipment and for the salary of another x-ray technician has been authorized for the provincial health department's district office in Timmins.

Tuberculosis sanatoria throughout Ontario will receive a total of \$66,600 to buy additional x-ray equipment. The sanatoria and the approximate amounts to be spent on new equipment are: Fort William Sanatorium, Fort William, \$9,500; Brant Sanatorium, Brantford, \$5,800; St. Lawrence Sanatorium, Cornwall, \$3,500; Muskoka Sanatorium, Gravenhurst, \$2,400; Mountain Sanatorium, Hamilton, \$19,350; Freeport Sanatorium, Kitchener, \$2,500; Ongwanada Sanatorium, Kingston, \$1,500; Beck Memorial Sanatorium, London, \$5,400; Royal Ottawa Sanatorium, Ottawa, \$3,000; Niagara Peninsula Sanator-

*(Concluded on page 78)*

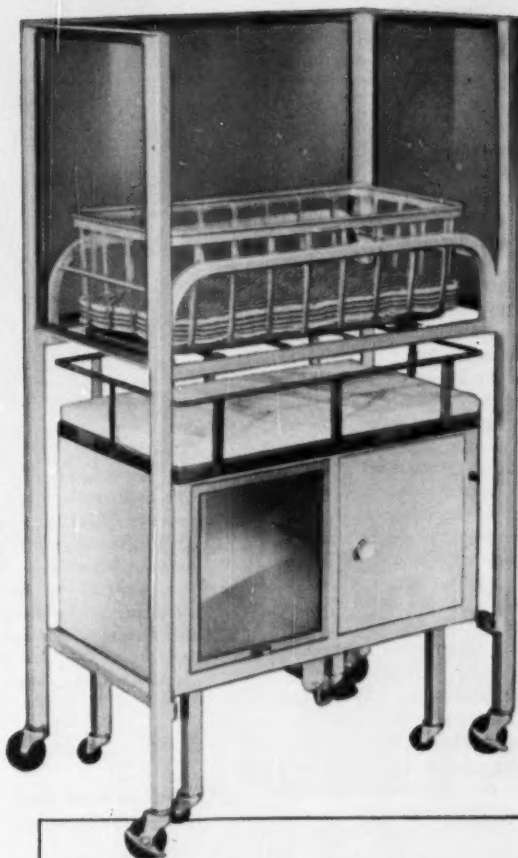


New  
**ISOBAC**  
GLASS-SIDED  
**Bassinet**  
UNIT

ONE of the latest developments in hospital equipment—this PORTABLE unit provides the isolation feature so essential in the care of infants—and eliminates the need for fixed cubicle partitions. ISOBAC Bassinets can be placed around the walls, or grouped back to back, to utilize to fullest advantage the space available in any room.

Safety glass shields surround three sides.

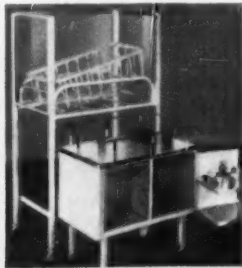
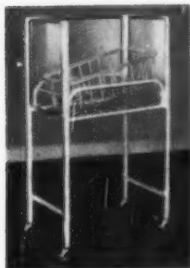
Finished in baked-on white enamel, or baked-on special aluminum finish, the bassinet is fitted with easy-rolling casters—brakes on front.



Ask your Simmons representative for full information on this and other new additions to the Simmons line of specialized hospital equipment.

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**CABINET**—The cabinet is locked to back legs of bassinet stand—can be moved out into working position by release of foot lever. It is divided into two compartments:

**LEFT**—for storage of linen, etc. with Drolite glass front for quick, visual check.

**RIGHT**—contains utensil tray, furnished with standard equipment for infant's care. Door swings open and out of the way.

Approx. dimensions of unit: 33" long, 20" wide, 59" high. Basket: 45" from floor. Top of dressing section: 30" from floor.



## When Santa Visits

(Concluded from page 31)

Mothers are feted too, for during the party the women's committee completely take over the children while their mothers enjoy a formal tea in another part of the building. Gifts are sent to youngsters who were unable to attend.

In addition to parties and special events, there are many small gifts that are donated by friends of hospital personnel. The social service department can make invaluable suggestions as to who can really use these gifts and the admitting officer is also a wealth of information. Perhaps the friend of a director wants to send a dozen hampers complete with turkey; or some group wants to buy a new outfit for a boy, going home, who has been in hospital so long that he has outgrown every stitch of clothing that he owns. Last year, from public relations lists, a perfect home was found for a brand new wagon. Now an aged grandfather, sole supporter of a post-polio grandson, can take the lad along with him to do the shopping. New bedside radios for all the wards were supplied from the request fund of a local radio station. Quite often some service group, sponsoring a city-wide party for children from various institutions, obtains names from our out-patient department.

Formal decorating of the hospital has become a tradition. It was started some twenty years ago by a small band of Boy Scouts and has been continued by members of that original group to the present time. The father of one of the original boys was a member of our Parks Board. Dad and Parks Board got together and greens have magically appeared at the hospital ever since. These scouts, many of them fathers themselves now, meet a couple of evenings after the fifteenth of December and turn the inside of the building into a Disney production. During the war when many of their number were all over the world in the armed forces, brothers, sisters and wives filled in for the absent ones to continue those years of Christmas fellowship at Children's Hospital. On the Great Morning, one of their number acts as St. Nicholas and, with the matron, visits every child. The night before, as many patients as possible have been moved



Library volunteers bring Christmas to the children

into the largest wards and nurses have filled the stockings tied to every bedpost. What a wide-eyed family greets the long anticipated visitor!

At noon, members of a local service club, assisted by their wives and members of the hospital board of directors, help the children tie on their bibs, pop Christmas crackers, and settle fancy hats on small heads.

The visitors carve the turkey and help to serve the patients. Then with directors and staff they sit down to their own feast.

Christmas afternoon is parents' visiting time and there are many tales to recount and presents to be admired. It has been a busy time, but in the words of Tiny Tim, "God has blessed us every one!"

## Charlottetown Host to Maritime Catholic Hospital Conference

The twenty-sixth annual meeting of the Maritime Conference of the Catholic Hospital Association took place on August 22-23 in Charlottetown, P.E.I. The year 1950 being Holy Year, the spiritual aspects of hospital life were accentuated during the convention and emphasized by a film "You Can Change the World". A variety of informative subjects were treated during the two-day meeting. Among these were "Training of X-ray Technicians" by Sister M. DeLellis, St. Joseph's Hospital, Saint John, N.B.; "Courses Given at the McGill School for Graduate Nurses" by Miss K. McLennan, Reg. N., of the Provincial Sanatorium, Charlottetown; "Application of the Moral Law to Hospitals" by Rev. R. V. Ellsworth, Ph.D., St. Dunstons University, Charlottetown; and "Trends in Hospital Service" by M. R. Kneiff, St. Louis, Mo., Executive Secretary, Catholic Hospital Association.

A symposium on "Retirement Pension Plans," staged by three sisters, emphasized the assurance for the future that is given by a system of retirement pensions. A panel on central schools of nursing was presented by Sister Catherine Gerard, Halifax, Sister Mary of Calvary, Antigonish, N.S., and Sister Mary Irene, Charlottetown.

It was decided at the conference that a committee of three be delegated to deal with pension plans in the Maritimes and that stress be laid upon the need of training dietitians and administration executives for Maritime hospitals.

### New Officers

*President:* Sister Kenny, Hotel Dieu Hospital, Chatham, N.B.

*First Vice-President:* Sister Anita Vincent, Halifax Infirmary, Halifax, N.S.

*Second Vice-President:* Sister M. Veronica, St. Joseph's Hospital, Saint John, N.B.

*Secretary-Treasurer:* Sister MacKenzie, Hotel Dieu Hospital, Chatham, N.B.



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absorbency with gentle texture and  
rugged strength; that's why it is  
popular with...

**everyone**

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E. B. EDDY quality products**

## The Nursing Situation

(Continued from page 44)

in British Columbia was struggling along with a ratio of ten practical nurses and aides to only three registered nurses, including the Superintendent of Nurses. Most hospitals tried, however, to keep a proportion of one to one. Of those who did not employ aides, one of the main reasons given was that too much supervision, which the professional staff were sometimes reluctant to give, was required; they were too prone to assume the graduate's duties and responsibilities, and one hospital stated it could not afford the salary when the aide was not able to take full responsibility. In small hospitals, it was explained that the staff has to be very versatile, and many of the larger hospitals are training their own on the job. One hospital felt they were not necessary when student nurses were available, and another mentioned that aides were not acceptable to the medical staff.

### What To Do

The many excellent and valuable suggestions received for improving the situation fall into the classifications of action being taken, action being considered, and actions recommended.

Action being taken includes, first of all, improving personnel policies with regard to hours, salaries, welfare, general restrictions, living accommodation, and recreational facilities. In this connection, one hospital's efforts to stabilize the nursing situation were neatly summed up with this appropriate morsel of wit—or was it a typographical error?—"To stable our nurses, we are constantly improving our personnel policies . . . .". Secondly, nurses are being relieved of non-professional duties by the employment of more aides and orderlies. Certified nursing assistants are much in demand, and several of the larger hospitals are training their own aides. To further supplement the staffs, registered nurses are being employed by the day as needed, and married nurses are contributing their efforts on a part-time basis. Some hospitals are recruiting students; one Manitoba school for nurses is sending its prospectus to all the high schools in Manitoba and Saskatchewan, while another is planning to increase its

## Kathleen W. Ellis Retires from Active Role in Nursing Field

After 38 years of wide and varied experience in the nursing profession, Kathleen W. Ellis has retired from her position as director of nursing education at the University of Saskatchewan's School of Nursing. Miss Ellis graduated from Johns Hopkins Hospital, Baltimore, in 1915, and served with the C.A.M.C. during World War I. She returned to the Johns Hopkins Hospital for a time and also held positions at the Henry



Kathleen W. Ellis.

enrolment as soon as new residence accommodation is available. Toronto Western Hospital has instituted a two-year course with one year's internship, and three hospitals, two of them small, are sending their nurses to take post-graduate training. Efforts are also being made to interest suitable nurses in nurse administration.

Action being considered includes, again, better personnel policies, with new hospitals and new residences being planned to make living and working conditions more attractive. This seems to be particularly true of the small hospitals. Among the plans, under consideration by some of the larger hospitals with regard to education, are efforts to increase the number of students, to establish new schools, to shorten the training course to two-and-a-half years (Sudbury, Ont.), and to train more nursing assistants, both male and female. Two hospitals want to extend the

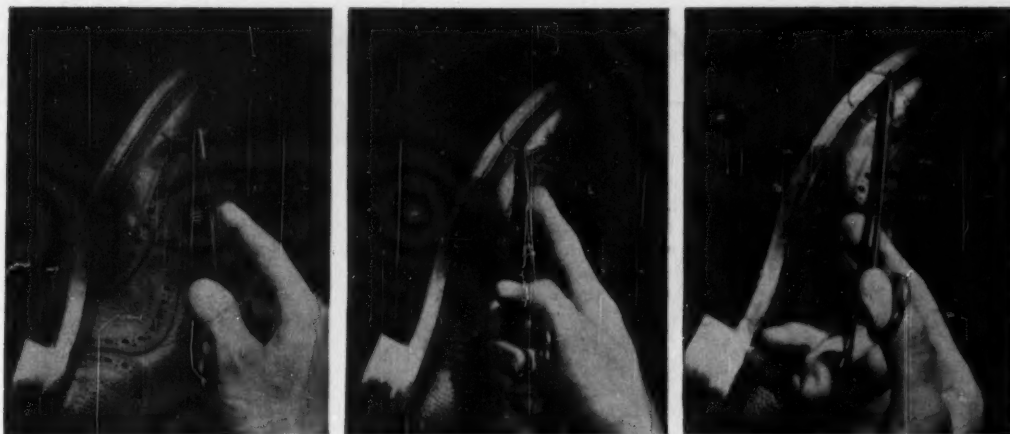
Ford Hospital, Detroit, and the Toronto General Hospital, before assuming the duties of superintendent of nursing and director of the School of Nursing at the Vancouver General Hospital, from 1922 to 1929. She then enrolled at Bedford College, University of London, England, where she obtained a certificate in public health nursing in 1930. That year she returned to Canada and accepted the position as director of nursing at the Winnipeg General Hospital. She resigned five years later to study further and graduated from Teachers College New York, in 1937 with a B.S. degree.

The later years of Miss Ellis' professional career were spent as registrar of the Saskatchewan Registered Nurses' Association and, under her energetic leadership, the School of Nursing at the University of Saskatchewan was organized. She assumed directorship of the school with the rank of professor of nursing. During World War II she served as emergency nursing adviser for the Canadian Nurses' Association and was acting secretary of the association in 1943-44. From 1939 to 1943 she was chairman of the Nursing Committee of the Canadian Hospital Council. Miss Ellis has retired to her home town, Penticton, British Columbia. ●

policy of "shared nursing". At a large hospital in Newfoundland, it is planned to grade all nursing posts, setting remuneration in line with the responsibility of the post and calling for specific qualifications on the part of applicants.

Suggested action for solving the nursing problem stresses personnel policies and education. With respect to personnel, high wages (especially for general duty nurses) and shorter hours were foremost, followed by pension schemes, improved living accommodation, recreational facilities, bridging of the social gap between the nurses and medical profession (a situation very pronounced in Trail, B.C.), and the standardization of wages. In many small hospitals, of course, the only way to improve working conditions, hours, et cetera, is to increase the staff. Financial assistance from the provincial and federal governments was

(Concluded on page 82)



*An informal demonstration used by Ethicon representatives*

## THE SOLE TEST

**Sturdiness of ATRALOC Seamless Needles  
dramatized in convincing manner**

Strength without brittleness is accomplished by our exclusive process which retains the even temper of the steel from end to end of the needle. You may use a smaller needle with confidence.



### FOR ABDOMINAL CLOSURE

**SIX NEW NEEDLES SERVE MOST PURPOSES**  
For Ob., Gyn. and general closure, sutures swaged to eyeless needles are increasing in preference among surgeons.

The Atraloc *seamless* needle draws a single strand of suture through the tissues, eliminating confusion and minimizing trauma.

After extensive research to find surgeons'

preferences, Ethicon designed the 6 needles shown above, which meet the requirements for 80% of the needles used in abdominal closure.

These needles are swaged to Ethicon's Tru-Gauged, Tru-Chromicized Surgical Gut, noted for its strength and flexibility.

Using *only* Ethicon Atraloc Seamless Needles for surgery saves both time and money.



# With the Auxiliaries

## B.C. Aids Convention Held in Vancouver

The British Columbia Association of Hospital Auxiliaries held its annual convention at the Vancouver Hotel, Vancouver, from October 24-27. Fifty delegates from all parts of the province attended this very successful meeting. The auxiliaries voted to become a division of the British Columbia Hospitals' Association and during the convention, they took part in round table discussions of the Association. The revised constitution of the British Columbia Association of Hospital Auxiliaries was unanimously adopted.

Among the many interesting features of the convention were talks by Mrs. Edith Pringle, Reg. N., inspector of hospitals for British Columbia; L. F. Detwiller, hospital insurance commissioner for British Columbia; and Dr. L. O. Bradley, executive secretary of the Canadian Hospital Council. The ladies were also taken on a visit to the new nurses home at Vancouver General Hospital.

### Officers for 1951

*President:* Mrs. C. R. Wilson, Vancouver  
*First Vice-President:* Mrs. H. C. McPhalen, Westview  
*Second Vice-President:* Mrs. J. Phethan, Victoria  
*Third Vice-President:* Mrs. T. Taylor, Victoria  
*Fourth Vice-President:* Mrs. C. Owen, Kelowna  
*Secretary:* Mrs. Forbes Perkins, Vancouver  
*Treasurer:* Mrs. C. S. Stigings, Vancouver  
*Publicity Convenor:* Mrs. J. Cunliffe, New Westminster.

\* \* \* \* \*

## Calgary Scene of Alberta Auxiliaries Convention

The Associated Auxiliaries of Alberta Hospitals convened at the Palliser Hotel, Calgary, October 26 and 27. Delegates attended the opening session of the Associated Hospitals of Alberta convention at which their president Mrs. F. A. Campbell, Calgary, described the

work of the auxiliaries. The ladies then adjourned to open their own session with a general business meeting. It was decided to elect a provincial organizer whose duties would be to assist in organizing new auxiliaries throughout the province. Among the resolutions passed was one to the effect that a convention fund be formed for members of the provincial executive. The delegates had the opportunity of hearing Dr. S. B. Thorson of Calgary, a specialist in internal medicine, speak on the contrast between the modern physician and the doctor of 1900. Seven new auxiliaries have been formed during the past year, making a total of 53, although all are not members of the association.

### Officers for 1951

*Patroness:* Mrs. W. W. Cross, Edmonton  
*Honorary President:* Mrs. F. Swain, High River  
*President:* Mrs. John Oliver, Edmonton  
*First Vice-President:* Mrs. H. S. Gibson, Lethbridge  
*Second Vice-President:* Mrs. G. E. Goodridge, Red Deer  
*Recording Secretary:* Mrs. J. A. McGhee, Brooks  
*Corresponding Secretary:* Mrs. D. B. Menzie, Edmonton  
*Treasurer:* Mrs. E. W. Smith, Medicine Hat.

\* \* \* \* \*

## Ontario Auxiliaries Hold Annual Convention

Approximately 300 delegates from the women's auxiliaries of Ontario met at the Royal York Hotel, Toronto, Oct. 30th to Nov. 1st for the annual convention of the Women's Hospital Aids Association. A breakfast meeting opened the session with A. J. Swanson, superintendent of the Toronto Western Hospital, as guest speaker. Mrs. George W. Houston, Hamilton, 30 years a member and 17 years treasurer of the Association, was presented with a meritorious certificate. A reception given by the Lieutenant-Governor and Mrs. Ray Lawson in their Queen's Park suite was one of the highlights of the convention.

It was decided to change the name of the association to Women's Hospital Auxiliaries Association, Province of Ontario, to avoid confusion between the volunteer workers and the hospital aides employed by the hospitals. Provincial legislation on behalf of elderly citizens was commended by the auxiliaries who also expressed their support of further legislation for assistance to the aged. Much valuable information was gained from the delegates' reports and the speakers panel held at a section meeting. It was pointed out during the convention that the 83 auxiliaries in the province, with a membership of approximately 19,578, had raised \$106,708 for their hospitals last year.

### Officers for 1951

*Past President:* Mrs. J. G. Harkness, St. Catharines  
*President:* Mrs. T. J. Lytle, Toronto  
*First Vice-President:* Mrs. W. C. Mikel, Belleville  
*Second Vice-President:* Mrs. Harmon Horning, Woodstock  
*Third Vice-President:* Mrs. Harold Davis, Kingston  
*Recording Secretary:* Mrs. P. M. Dewan, Ingersoll  
*Corresponding Secretary:* Mrs. H. K. Thorn, Toronto  
*Treasurer:* Mrs. W. R. Whiteside, Windsor  
*Public Relations Administrator:* Mrs. O. W. Rhynas, Lansing.

\* \* \* \* \*

## Saltcoats Aid Reports Successful Year

The hospital aid of the Saltcoats War Memorial Hospital, Saltcoats, Sask., reported a very successful year at a recent annual meeting. A profit for the year was shown in the annual financial statement and it was decided to purchase some new blankets and baby supplies for the hospital.

\* \* \* \* \*

## Active Ladies' Aid at Port Arthur, Ontario

Two outstanding events are featured annually in the active program of the Ladies' Aid to the Port Arthur General Hospital. These are their Carnation Day and Country Fair. Members begin the work of making paper flowers early in February and about 12,000 are sold for Mother's Day. The expenses are approximately \$30.00 and this year the sale netted \$1,090. The Country Fair,

(Concluded on page 76)





*Dietitians  
Prefer!*

## LILY CUPS

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The lightness of LILY Cups and Containers, as compared with crockery, does much to relieve nurse fatigue, and the fresh cup or container for every service relieves the patient's worry of cross-contamination.



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## ◀ Provincial Notes ▶

### *British Columbia*

VANCOUVER. A new mechanical atomizer has been installed in the high humidity room at the Children's Hospital. The device sprays vapour into a warm, water-tight room and is of particular use for children suffering from acute laryngo-tracheo-bronchitis. The humidity of the room is between 80 to 100 per cent and the temperature is maintained between 72 and 74 degrees.

### *Alberta*

BENTLEY. At a recent formal ceremony at the Bentley Municipal Hospital a new wing was opened and the entire hospital, which has been completely renovated, was rededicated. The 18-bed hospital now has a modern operating room, case room, and x-ray room. The new wing consists of a basement, a ground floor, and an upper storey for the staff quarters. Offices for the matron and the administration staff have been made from the remodelled sun porch of the main building and a new entrance has been built. The total building and furnishing costs were about \$100,000.

EDMONTON. The ratepayers have approved the by-laws granting a total of \$2,235,000 to the Royal Alexander Hospital for additional construction and renovations. It is planned to build a new maternity wing, a service addition, and to carry out general renovations.

EDMONTON. Work has started on a \$40,000 addition to the front of the University of Alberta Hospital. This project is part of a \$2,500,000 expansion scheme which will add 350 beds to the institution. The new wing is scheduled for completion late in January.

### *Saskatchewan*

TISDALE. At a recent formal ceremony a new \$100,000 nurses' home was officially opened at St. Therese Hospital. The opening of this new four-storey structure marked the twenty-fifth anniversary of the hospital which has expanded from the eight-bed wooden building of 1925 to the modern 57-bed hospital of today. The Sisters of Charity of Our Lady founded and still operate the hospital in this community which is located some 200 miles northeast of Saskatoon and has a population of about 2,500.

### *Manitoba*

DELORAINE. Plans are being made to establish a new hospital district for the area around Deloraine. This includes the towns of Deloraine and Melita, the villages of Waskada and Napinka, and the rural municipalities of Winchester, Brenda, Arthur, Albert, and Edward. The district has a total population of 8,320 and it is proposed to establish a 16-bed hospital at Deloraine, a 10-bed medical nursing unit at Melita, and a four-bed nursing station at Waskada. The total capital expenditure would be \$210,000, with \$64,000 allocated from federal and provincial grants, \$9,000 donated by the Manitoba Pool Elevators, and the remainder contributed by the district.

### *Ontario*

FORT WILLIAM. A new six-storey addition which will provide space for 142 more beds is being planned for the MacKellar General Hospital. The first floor will contain the kitchen, a new emergency department, and ambulance entrance; the second will be for the general business offices, x-ray department, and physiotherapy department; the

third for the operating rooms with beds for surgical patients; the fourth for obstetrics; and the fifth will be used for the children's ward. The sixth floor will be completed when required and if funds are available. A new boiler room has been constructed and renovations to the present building have been completed at a cost of \$426,000. This is in addition to the cost of the construction project which is estimated at \$1,000,000. Funds have been provided from municipal, provincial, and federal grants, and also a bequest from the J. C. Murray estate.

\* \* \* \* \*

GUELPH. A joint drive for a furnishing fund has been launched by the directors of the St. Joseph's Hospital and the General Hospital. Over \$100,000 is required for furnishing the two hospitals and it is hoped to raise this amount during the campaign.

\* \* \* \* \*

OTTAWA. The physiotherapy section of the Ottawa Civic Hospital has been granted \$15,000 worth of equipment by the Canadian Arthritis and Rheumatism Society. The Society will also provide the services of a part-time physiotherapist, an occupational therapist, and a part-time secretary.

\* \* \* \* \*

SOUTHAMPTON. Construction has begun on an extension for the Saugeen Memorial Hospital which will enlarge the present capacity. The verandah and the veterans' ward above it are being torn out and replaced by a solid brick structure. Alterations are expected to be completed by the end of the year. It is hoped to raise \$7,500 through a general campaign which, with provincial and federal grants and a bequest which had been made to the hospital, would bring the total to \$15,000 and wipe out the entire debt of the hospital.

\* \* \* \* \*

ST. MARYS. The new 33-bed St. Marys Memorial Hospital has now been officially opened. The 14-bed

(Continued on page 80)



## DO YOU EVER GET "fed up" with food?

• If you're the manager of an institution, or the chief dietitian in one, we'll bet you've been "fed up" quite often. The endless task of planning meals for those in your care is difficult enough at any time, but in these days of shortages and rising prices . . . we know how you feel!

That's why we suggest that you turn to the possibilities in fish. There are more than 60 varieties of Canadian sea fish, shell fish and fresh water fish, and they can, in many cases, be obtained in fresh,

frozen, smoked, dried, pickled or canned form.

From this amazing choice, many new and totally different tempting dishes can be prepared, yet you can keep within that operating budget. Fish combines well with vegetables, salads, and other foods to make economical dishes that have a tang and flavour that's like a new discovery.

Consider fish for many of those meals you have to plan. Serve more fish for its fine flavour and its lower cost.



## DEPARTMENT OF FISHERIES

OTTAWA, CANADA

Hon. Robert W. Mayhew, M.P., Minister



## Hospitals Enjoy Interest Shown by Royal Family



On a visit to Newcastle and Gateshead, Her Majesty the Queen is seen chatting with Mrs. Susanna Scott, a 92-year old resident of Kenton Hall, Newcastle, one of the new homes for aged people.



Princess Margaret watches Nurse Rowe pouring out rhubarb medicine at Bristol Nurses' School, Bristol.

### O.H.A. Sectional Meetings (Continued from page 41)

Ottawa Civic Hospital, explained how steps were saved in the general organization and structure of a hospital. He also mentioned the value of a travelling service man in hospitals to give prompt service. Miss I. Marshall, Medical Records Service, Brantford General Hospital, outlined means of saving time for the nurse and the medical record librarian in compiling records.

#### Women's Hospital Aids

A challenge was presented to the women in this group to carry on the excellent voluntary work which they are doing and to be well informed about hospital matters. Dr. L. O. Bradley, Executive Secretary of the Canadian Hospital Council, presided. The first speaker, Dr. Florence McConney of Women's College Hospital,

Toronto, traced the history of the Cancer Detection Clinic which has been functioning in connection with that hospital since April, 1948. D. W. Ogilvie, director of the O.H.A.'s Blue Cross Plan for Hospital Care, explained the Plan, its early development, and spoke of the new "Package Plan" being offered by the Blue Cross and P.S.I. A discussion from the floor gave added information about the service to delegates.

Dr. L. N. Silverthorne, Senior Physician of the Hospital for Sick Children, Toronto, described the work in research and treatment which is being done at the hospital and expressed the hope that the new hospital with its excellent facilities would serve on a national as well as provincial basis. He pointed out that a high percentage of deaths were caused by accidents which could be prevented and this presented a chal-

lenge which this group could meet.

Miss Eugenie Stuart, Assistant Professor of Hospital Administration, University of Toronto, based her talk "Operation W.H.A.A." on action of a practical nature. She listed three ways this action could be pursued — by administration, organization, and operation. The auxiliaries should be a source of help for the hospital administrator and there should be mutual knowledge and co-operation between them. Miss Stuart further stated that interest was created by knowledge and the well informed auxiliary transmits this knowledge to the community. Thus by well planned public relations the good will of the community is gained.

#### Accounting

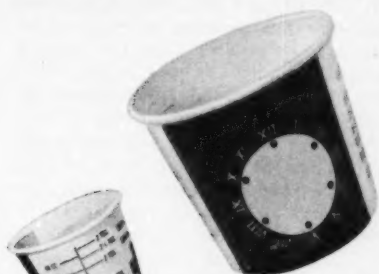
The role played by the individual hospital in providing necessary financial and statistical information

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was emphasized by the speakers at the Accounting Section meeting. Under the chairmanship of Stan W. Martin, the section reviewed the value and importance of accurate data and the various purposes which it serves from the standpoint of those who make use of the information. The needs of governmental agencies and hospital groups were, it was made apparent, coincident with the needs and interests of the individual hospital.

The second half of the program was devoted to the examination of practical methods of recording certain types of information, the accumulation of which frequently presents difficulties. Mr. Martin remains as chairman of the Section for a second term and will be assisted by George McQueen as vice-chairman.

#### Medical Record Librarians

This meeting began with a panel discussion conducted by students of St. Michael's Hospital School for Medical Record Librarians, Toronto, under the very efficient chairmanship of Janet Jarvis. It dealt with quantitative analysis (Mary Gendron), qualitative analysis (Willa Ward), preservation of records (Adele Cozens), and uses of medical records (Doris MacPherson). Each contribution was concise, informative, and well presented. In reply to a question from the floor, Miss MacPherson explained that the requirements for information included in compiling records were based on regulations under the Public Hospitals Act of Ontario and that these could be used as a guide for any medical records department.

Dr. Paul McGoey spoke about preparedness for emergency. He emphasized it was important in dealing with a disaster to ascertain at the outset approximately how many people are involved. As far as records are concerned, Dr. McGoey stressed that any kind of recording during an emergency period should be very simple.

A round table discussion conducted by Dr. Malcolm T. MacEachern and Dr. L. O. Bradley dealt with the problems involved in preparing records for microfilming, analyzing and checking records, omissions and errors, shortage of library personnel, duties of medical record committees,

and legal responsibility with respect to records.

#### Dietetics Section

Under the chairmanship of Muriel J. Westney, Director of Dietetics at Women's College Hospital, Toronto, a very informative program was presented to an interested assembly of both dietitians and nurses. The nurses were in attendance to hear the panel discussion, presided over by Winnifred Vaughan, Head Dietitian at Brantford General Hospital, Brantford, on "Dietetics in the Nurse Training School Schedule". Participating speakers were Gladys J. Sharpe, Reg. N., Director of Nursing at Toronto Western Hospital; Marjorie A. Harris, Director of Dietetics at Hamilton General Hospital, and the chairman. The latter raised several questions which were successful in stimulating a lively discussion from the floor. It was pointed out that when a nurse could complain that she had "ordered filet mignon for a patient and absolutely no fish had been sent up to the ward!" it is essential that the student nurse be taught to consider nutrition a fundamental part of medical treatment. To assist in unifying the program throughout Ontario, a resolution was passed asking that the Council on Nurse Education, Department of Health, consider the whole problem, with particular reference to more clarification of the curriculum and the setting of examination questions by a dietitian.

Dr. E. W. McHenry, professor of public health nutrition at the University of Toronto, gave, as always, an excellent address on the subject "Nutrition for Older People". Commenting that "two enemies of longevity were modern dentures and the culinary artist", he stated that the older person should eat less food to avoid degenerative diseases. He emphasized the importance, however, of maintaining in the diet an adequate supply of animal protein (particularly meat), milk, iron-rich foods, and thiamine.

#### Pharmacists

Having held their first meeting as a section of the O.H.A. only last year, the pharmacists comprise one of the most active and enthusiastic groups. Two excellent addresses were presented at their sectional meeting which was combined with a business

meeting. Mrs. I. Stouffer, medical research librarian of the Rexall Drug Company, gave a detailed description of the hospital pharmacy library and indexing. She stated that with the adoption of minimum standards, the operation of a library in the pharmacy of a hospital will become a duty and mentioned the types of books which should be kept in this library. Mrs. Stouffer punctuated her talk with demonstrations of various items of equipment and containers which might be used for filing, storage of catalogues, and other material.

Sister Mary Ethelreda of St. Mary's Hospital, Brooklyn, N.Y., gave an enlightening talk on minimum standards in hospital pharmacy. Included in the factors necessary for operating a pharmacy efficiently are the personnel, facilities, supplies, and good accounting procedures.

Resolutions were passed to the effect that:

The Ontario Hospital Association be asked to endorse the petition of the Ontario branch of the Canadian Society of Hospital Pharmacists that the Ontario College of Pharmacy set up an elective course in hospital pharmacy to provide Ontario hospitals with qualified practitioners for the pharmacy departments.

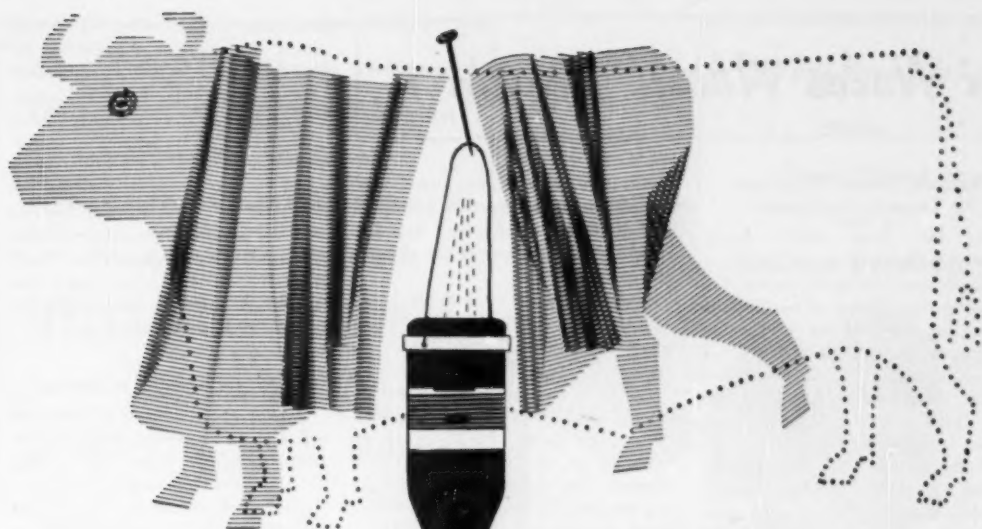
All shipments of narcotics to hospitals be consigned to the person responsible for their distribution and that the Narcotic Division at Ottawa be notified of this resolution.

The meeting endorse the principle of minimum standards for pharmacy practice in hospitals and that the Ontario Hospital Association also be asked to endorse this principle.

#### Hobbies Are Good Medicine

A hobby is wonderful medicine. A form of recreation that is unlike your own regular occupation, and that gives you fresh interests, will work wonders for you. The chemist who cultivates a garden, the banker who paints pictures, the truck driver who collects stamps, and the doctor who is enthusiastic over woodworking are all enjoying a recreation different from their regular employment. A sedentary job calls for a leisure hour occupation involving healthy exercise; manual labour is offset by a restful pastime.





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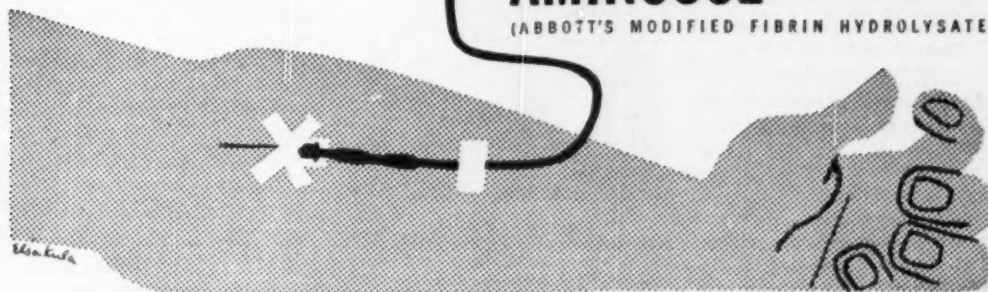
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## ◀ Notes About People ▶

### Chatham Nurse Celebrates 48 Years in Profession

This fall, Miss Annie Head, Nursery Supervisor at the Chatham Public General Hospital, completed her forty-eighth year of continuous service in the nursing profession and hopes to fulfil fifty years before retirement.

Miss Head came from England as a child and, with her parents, settled in Chatham, where she entered the Nurses Training School at the Chatham Public General Hospital in 1902. During a remarkable career Miss Head has cared for over 6,000 babies and will always be remembered by the people in the district for her contribution to their welfare.

"I've loved it," Miss Head declared, as she recalled her early experience in the "horse and buggy" days and witnessed the development from the early gas-lit institution, which later installed a telephone system, to the modern hospital of to-day.

### New Brunswick Nurse Lost in Plane Crash

Miss Dorina Clavet, Reg. N., of St. Basile, near Edmundston, N.B., was one of the 58 persons killed in the recent crash of the Curtis-Reid Airtours plane in the French Alps. Miss Clavet was on the teaching staff of the Hotel Dieu of St. Joseph training school for nurses at Edmundston. She planned to resume her duties on returning from the Holy Year pilgrimage to Rome.

### St. Thomas Doctor Awarded Research Medal for 1950

Dr. John A. McLachlin of St. Thomas, Ontario, a fellow of the Royal College of Surgeons, has been awarded the college's 1950 medal for work in basic research. His award was based on the results of research on blood clots and pulmonary emboli and the paper will be read at the annual meeting of the college being held in Ottawa in

December. The competition was open to doctors under 40 years of age all across Canada and was not restricted to members of the college.

### Department of Fisheries Reorganizes Services

Two directors have been appointed to head reorganized services within the federal department of fisheries as part of its expansion scheme. Dr. Andrew Lyle Pritchard, director of fish culture development, became director of conservation and development services. Mr. Ian S. McArthur, director of economics and statistics, and associate director of marketing services, was appointed director of market and economic service. Both of these men have had wide experience in this field.

### Public Relations Director To Teach Extension Course

Kenneth C. Cross, public relations director of the Ontario Hospital



Herbert A. Bassett,  
Administrator of the Victoria Hospital,  
Prince Albert, Sask., was elected president of the Saskatchewan Hospital Association at their recent convention.

Association, has been appointed course director for the University of Toronto's evening extension course on practical public relations. Mr. Cross has had a variety of experiences in many fields. Past activities include editing a weekly newspaper, publicity work for the department of labour, and service with the public information division of the Canadian Army in World War II. In 1947 he joined the O.H.A. as public relations director for the Blue Cross Plan.

### New Appointments at Oshawa

Recent appointments at the Oshawa General Hospital, Oshawa, Ontario, included: Miss Amy Griffin, as educational director; Miss Jean Hodsdon, as nursing arts instructor; and Miss Eleanor Counter, as head nurse in obstetrics.

### Experiments Under Way to Stockpile New Transfusion Solution

A new blood transfusion solution that can be stockpiled to meet disaster needs is being tried in Winnipeg. The experiments are being made under Dr. C. Harris, provincial medical director for the Canadian Red Cross, in co-operation with several Winnipeg doctors. The solution is made by mixing microbes (*leuconostoc mesenteroides*, a bacteria), and beet sugar, by a special process. This solution was first made in England in 1939-40 and Sweden perfected it. It had already been proved highly successful in first aid and shock cases and has certain advantages over whole blood and plasma; it can be used on any patient regardless of blood type; it needs no refrigeration; and it lasts indefinitely, whereas whole blood can be kept only 30 days. No harmful effects have been found from its use.

If the Winnipeg experiments are successful the solution will be manufactured and stored in Canada as a supplement to whole blood and dried plasma for use in disasters.

The vocation of every man and woman is to serve other people.—*Tolstoi.*

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## "New Lamps for Old"

(Continued from page 29)

of a pressure manometer. Obstructive jaundice requires early surgical treatment but surgical interference in cases of hepatitis may be dangerous or fatal. Clinically it is quite difficult to differentiate between obstructive jaundice and infectious hepatitis. In many cases it is only a careful evaluation of objective laboratory studies which will lead to a correct diagnosis. For this differentiation a wide range of laboratory procedures such as cephalin cholesterol flocculation, thymol turbidity, alkaline phosphatase, and measurement of biliary pigments in the stool have been elaborated.

In the field of neurosurgery the development of the electro-encephalogram, which was accelerated by the studies carried out in the recent war, has made electro-encephalography a "must" in any hospital where neurology and neurosurgery divisions are maintained. It requires expensive specialized equipment and highly trained technicians to do the technical part of this work. Encephalography and ventriculography also require the co-operation of several hospital departments.

### Rehabilitation

Before the last war rehabilitation medicine generally was practised on a very limited scale. Obviously the surgeon's job is not finished when he makes it functionally possible for the patient to resume such normal procedures as walking, writing, et cetera. It is the responsibility of the physiotherapist, the occupational therapist, the physical training instructor, the psychologist and psychiatrist to encourage and train the patient to resume his normal occupations. In our hospital before the war we had a staff of four in our rehabilitation department. Now we endeavour to maintain our staff establishment at twenty-two. Rehabilitation therapy produces remarkable results but it is so expensive as to be beyond the financial resources of the average hospital patient.

### Internal Medicine

From 1900 to 1920 we had a period in medical history which might be termed the "Bacterial Age". Many of our communicable diseases were

explained on the basis of specific causative micro-organisms and, as I have indicated, the credit for the conquest of these diseases must go to the bacteriologist, the immunologist and the epidemiologist. Hospital laboratories, especially bacteriological laboratories, were included in all hospital planning.

The 1920's will go down in medical history for the contributions which were made in the study of blood diseases and hormonal disorders in that decade. With the introduction of liver therapy in pernicious anaemia a great advance in therapy was achieved. Some patients suffering from early sub-acute combined degeneration of the spinal cord literally "rose from their beds and walked", after treatment with liver extract. The study of all blood diseases received a tremendous stimulus as a result of interest in pernicious anaemia. One can recall the enthralled interest with which our class listened to Professor Collip as he discussed the work in which Doctors Banting, Best, McLeod, and he had collaborated in the isolation of insulin in 1922. With the discovery of insulin interest was focussed on hormonal changes and, during this decade, the active internal secretions of the parathyroid, the ovary, the testis, the adrenal cortex and the anterior pituitary were isolated. This was the era of the investigation and treatment of a host of diseases such as diabetes, tetany, Addison's Disease, hyper and hypo-thyroidism and disorders of growth. The need for early and accurate diagnoses in diabetes became apparent and the use of the determinations of blood sugar levels and the urinary excretion of blood sugar became widespread. In pernicious anaemia the use of fractional gastric analysis and the examination of the bone marrow for the typical changes has become necessary in the diagnosis and follow-up of these cases. The progress which has been made in the diagnosis of hormonal disorders in the past ten years has been outstanding. The endocrine diagnostic laboratory of today has taken much of the guess work out of endocrinology. May one refer to a few tests as examples:

The most useful test in the endocrine field is the Follicle Stimulating Hormone (F.S.H.) test. It distin-

guishes between hypothyroidism of thyroid origin and hypothyroidism of pituitary origin; it indicates whether amenorrhoea is due either to disorders of the pituitary or ovary or eliminates both glands as casual factors. The F.S.H. test is also of value in trying to decide whether or not symptoms are due to the menopause. The test is of value in the early diagnoses of Simmond's disease and is very useful in differentiating this condition from *anorexia nervosa*. The combined use of the F.S.H. test and pregnandiol determination can be of value in working out the differential diagnosis of infertility in the female. The pregnandiol test and the 17 ketosteroid determinations have many applications in the field of endocrine disease diagnosis but time does not permit of an elaboration of the application of these tests.

These tests unfortunately require expensive equipment and the time of highly specialized technicians. As a result they are costly. The F.S.H. test requires about 10-technician hours, the 17 ketosteroid test requires 7-technician hours. Cortin assays which measure a group of hormones in the adrenal cortex each requires 8-technician hours. In the past year Cortisone and A.C.T.H. have been added to our treatment facilities and may revolutionize our conception of the treatment of disease. Each discovery makes new and greater demands on the hospital laboratory facilities and consequently the hospital budget.

### Economic Aspect

Some may wonder if all these are services worth while. I am quite aware that an answer to this question implies both humanitarian and practical considerations. This is not intended to be a discussion of hospital economics but it is very obvious that, while medical science is making it possible for man to live longer, to be more healthy and consequently more happy, the hospital is carrying the cost-burden in the provision of increased diagnostic and treatment facilities. Society consists of a collection of individuals each of whom wishes to live as long and as free from disease as possible. As long as our social consciousness and our sense of community responsibility remain as they are at present, society will



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demand the best possible in medical and hospital services for all who require them regardless of the individual's ability to pay or his usefulness in society.

Let us not play ostrich and bury our heads in the sands of wishful thinking. There is no immediate prospect for a reduction in hospital costs. There is every prospect of further increases. Hospital administrators will continue to grow prematurely old, dyspeptic and ulcerous in their attempts to reconcile the provision of better diagnostic and treatment services with inflation and the decreased purchasing power of the hospital dollar. The blind will see and the lame will walk. Man the humanitarian, man the socialist, and man the economist, will continue in his efforts to keep pace with man the scientist.

Enough has been said to show that during the past fifty years the conception of hospitalization has changed from one of the provision of food, shelter, and nursing care. Today the emphasis lies in the provision of diagnostic and treatment facilities. No one doctor or group of doctors

can afford to provide the diagnostic and treatment equipment necessary to give adequate medical services to the community. The hospital must be prepared to accept this assignment.

I count it a glorious privilege to have lived through the first fifty years of this century and, more especially, through the past ten years. These are challenging times. Text books are outdated before they come off the press. Hospitals are outmoded before they can be constructed. Only the mind of man can keep pace with the mind of man. The horse-and-buggy doctor of fifty years ago would be no more acceptable today than would his horse and buggy as a means of transportation. We cannot afford to practise 1940 hospitalization in 1950. The administrator always must be progressively conservative and ready to accept "new lamps for old ones".

#### In Appreciation of Blue Cross

(Concluded from page 42)

Conference is doing everything possible to make the Maritimes "The

Land of the Blue Cross". If every patient who entered our hospital were a subscriber, would not our financial worries be at an end? So let us resolve to do all we can to boost Blue Cross.

I wish to take this opportunity to express to the Maritime Hospital Service Association the gratitude we all feel for what they have done for every hospital represented here. I am sure we have all said many times, "What would we do without Blue Cross?". It assists our Sisters materially to achieve what they most desire in their hospital work — "to accompany Christ, to assist Christ, to facilitate His work, to minister to the members of His Mystical Body as Mary ministered to the members of His Physical Body".

Perseverance is more prevailing than violence; and many things which cannot be overcome when they are together yield themselves up when taken little by little.

—Plutarch.

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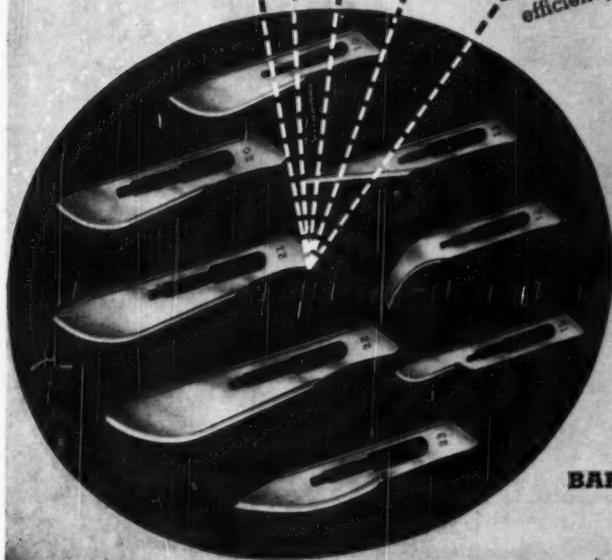
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buyer the utmost that has been  
built into those blades.

*to Sharp*

Ask Your Dealer

**BARD-PARKER COMPANY, INC.**

Danbury, Connecticut

## Annual Reports

(Concluded from page 35)

(200 to 400 beds). It is interesting to note that both of these hospitals repeated their successes of 1948 in this competition, the Oshawa General winning top honours for the second successive year, while the Toronto East General and Orthopaedic received honourable mention for the third straight year.

Mr. Crain noted particularly the tremendous improvement in the quality of reports submitted for competition this year in comparison with those entered in past years. Competition in all classes is becoming stiffer each year as better, more novel, and more dramatic approaches are evolved in telling a hospital's story. Judging the reports becomes more difficult as the quality improves and Mr. Crain urged careful study of the winning reports as they could be taken as models in both content and presentation. These reports exhibited how diversified and original the approach may be while the report itself still does a successful job for the hospital in its relations with the community at large.

## How the Hospital Dollar is Spent at the Toronto East General.



- 23c Dietary
- 17c Laundry and House-keeping
- 16c Special Services, X-ray, Laboratory
- 11c Nursing Care
- 11c Administration and fixed charges
- 9c Direct Ward Services and Supplies
- 8c O.R. and Delivery Rooms, Emergency and O.P.D.
- 5c Depreciation

Both Canadian winners used a graphic presentation of vital statistical information, liberally interspersed with true-to-hospital-life photographs of daily events. Reading material was kept to a minimum so that the reader could easily scan the contents. Colour combinations of red on white and red on grey gave interest to the reports. While no actual colour photographs were used in either report, the basic colours used for cover presentation were followed through on succeeding pages to give good continuity and eye appeal to the story being told.

Annual reports to be effective do not necessarily have to be elaborate or ponderous efforts. The Oshawa General report is comparatively slim, comprising a maximum of information in a minimum of space, but makes full use of visual appeal on good quality paper stock to give a "finished" look to the entire report. The Toronto East General and Orthopaedic has made ample use of human interest photographs, so easily found in a hospital, to portray vividly a story which never could be told in many pages of cold type.

—S. W. M.

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### BIBLIOGRAPHY

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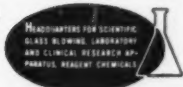
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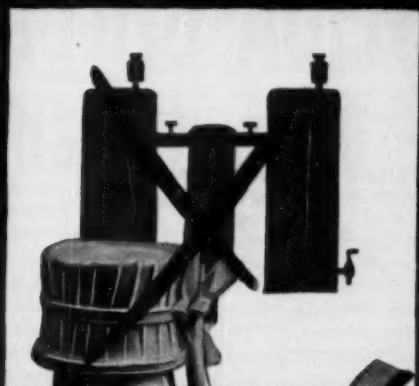
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DECEMBER, 1950



### Ontario Catholic Conference Holds Two-Day Meeting

The annual convention of the Ontario Conference of the Catholic Hospital Association was held at St. Joseph's Hospital, Toronto, November 2-3.

The program was most interesting with such notable speakers as the Hon. Paul Martin, Minister of Health and Welfare, who spoke on Canada's National Health Program; Dr. Wallace Graham of Toronto, on arthritis; Rev. J. J. Flannagan, S.J., executive director of the Catholic Hospital Association of United States and Canada, on the "Efficient Use of Sister Personnel"; Rev. H. L. Bertrand, president of the Catholic Hospital Council of Canada, on the "Duties of Doctors in Conforming to Principles of Ethics"; Murray Ross, assistant secretary of the Canadian Hospital Council, on "Hospitals and Their Organization"; Sister Mary Kathleen of Toronto on "Preparation for Evaluation in Schools of Nursing"; Sister Mary Grace of Guelph led a panel discus-

sion on the co-operation of medical and nursing staffs.

This is the first time the conference has attempted a full two-day program. Registration has increased to such an extent that the Sisters have decided to make this a yearly procedure. Sister Gonzaga of Peterborough is the new president for 1951 and Sister Murphy of Kingston retained the position of secretary-treasurer.

### Catholic Hospitals of B.C. Hold Annual Meeting

Delegates from 14 hospitals in British Columbia attended the annual convention of the Catholic Hospital Conference of British Columbia which was held at St. Paul's Hospital, Vancouver, on October 21-23.

The Conference was officially opened with a Mass which was celebrated by Rev. H. L. Bertrand, S.J., president of the Canadian Catholic Hospital Council. Invocation and welcome to the delegates was given by Rev. J. A. Leahy, S.J., chaplain of the B.C. Catholic Hos-

pital Conference. During the two-day meeting committee reports were heard and special papers were given by Rev. James B. McGoldrick, S.J., from Seattle; Percy Ward, secretary of the British Columbia Hospitals' Association, who spoke on "Current Events"; and Sister Marie Celina, who addressed the meeting on "The Smaller Hospital". The officers for 1951 are as follows:

*President:* Sister Teresina, St. Paul's Hospital, Vancouver

*First Vice-President:* Sister M. Claire, Lourdes Hospital, Campbell River

*Second Vice-President:* Sister M. Bathilde, St. Joseph's Hospital, Comox

*Secretary-Treasurer:* Sister Florence Mary, St. Paul's Hospital, Vancouver

*Councillors:* Sister Constance Marie, St. Vincent's Hospital, Vancouver; Sister Rose Mary, St. Joseph's Hospital, Victoria; Sister Ste. Marguerite, Mt. St. Joseph's Hospital, Vancouver; Sister Marie Stella, St. Joseph's Hospital, Comox.

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—E. L. Ross, M.D.

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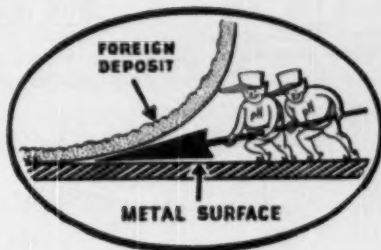
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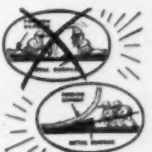
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For All Cleaning Operations!

### With the Auxiliaries

(Concluded from page 58)

which is the other major project, is held in the middle of September and booths are set up for selling home cooking, vegetables, and flowers. There is also a puppet show for the children. Receipts from the fair this year totalled \$750.

\* \* \* \*

### Dietitians' Problems Explained to Victoria Hospital Auxiliary

The complex problem of serving

2,000 daily meals to the patients and staff of the Victoria Hospital, London, Ontario, was explained to the women's auxiliary at their fall quarterly meeting by the hospital's director of dietetics. Reports from the various committees were given. A theatre night was recently sponsored by the auxiliary as a money raising scheme and a New York dance team was engaged for the program. Preparations for Christmas are now under way by the visiting and cheer committee.

### Canning Project Stocks Hospital Larder

The ladies of the Carman General Hospital Aid, Carman, Man., gathered produce for canning this fall to help supply the hospital with canned goods for the winter. A total of 1,135 jars of fruit, vegetables, and pickles were preserved by the women and many donations of fresh vegetables and honey added to the stock. The visiting committee reported that 47 calls had been made on the patients in the hospital and at the North Lynn nursing home during the past month.

\* \* \* \*

### Ingersoll Auxiliary Held Successful Penny Sale

The gross sum of \$1,864.27 was realized from a penny sale sponsored by the Women's Auxiliary to the Alexandra Hospital, Ingersoll, Ontario. It was decided to use the proceeds of this sale and the balance of the furnishing fund toward the costs of landscaping the hospital grounds. The membership committee reported that the auxiliary now has 261 members. The work of marking the hospital linen which was undertaken by the members has been completed.

\* \* \* \*

### New Manual of Value For Hospital Auxiliaries

The *Manual on Organization of Women's Hospital Auxiliaries with Model Constitution and By-Laws*, which has been prepared by the committee on women's hospital auxiliaries of the American Hospital Association, is now available. This book is of value to all auxiliaries and to those groups of women who wish to organize a new hospital aid. It also provides a yardstick for existing auxiliaries to measure the effectiveness of their organizational structure, constitution, and by-laws. The model constitution incorporated in this manual was prepared to assist hospital auxiliaries in adapting their organizational structure to local needs and conditions and to provide a pattern of organization flexible enough to meet changing needs and situations. Copies of the Manual may be obtained through the American Hospital Association, 18 East Division Street, Chicago 10, Illinois, at \$1.50 per copy.



test it yourself . . .

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### Federal Grants

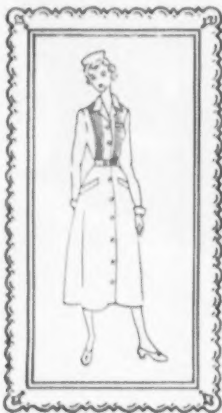
(Concluded from page 52)

ium, St. Catharines, \$5,100; Toronto Hospital for Tuberculosis, Weston, \$6,000; and the Essex County Sanatorium, Windsor, \$2,500. Federal funds will be used to purchase an Emerson lung immobilizer. Two lung immobilizers were obtained last year and this equipment is shared among the province's sanatoria.

An estimated \$22,800 will be allotted to British Columbia to buy additional equipment and to meet the salaries of a larger staff for tuberculosis control work. More than \$5,300 have been allotted for additional operating room equipment for the Tranquille Sanatorium, Tranquille, and surgical and x-ray equipment for the Victoria unit. Salaries of two additional doctors for the Tranquille Sanatorium will be met from federal funds. A grant has also been authorized to meet the costs of a program for the education of both professional and practical nurses to care for tuberculosis patients and for assistants to handle the large volume of work for this expanding service.

### Coming Conventions

- Jan. 22-26—A.H.A. Institute on Medical Record Libraries, Knickerbocker Hotel, Chicago, Ill.
- Feb. 1-2—Blue Cross-Blue Shield Hospital and Physician Relations Conference, Sheraton Hotel, Chicago, Ill.
- Feb. 28-Mar. 1—American Protestant Hospital Association, Congress Hotel, Chicago, Ill.
- Apr. 16-18—Annual Conference of Blue Cross and Blue Shield Plans, Buena Vista Hotel, Biloxi, Miss.
- May 3-4—A.H.A. Institute on Laundries, Palmer Hotel, Chicago, Ill.
- May 7 (week)—Second Ontario Institute, Queen's University, Kingston.
- May 28-30—Biennial Meeting of the Canadian Hospital Council, Ottawa.
- June 2-5—Catholic Hospital Association of United States and Canada, Convention Hall, Philadelphia, Penn.
- June 4—Maritime Hospital Association, Algonquin Hotel, St. Andrews-by-the-Sea, N.B.
- June 18-22—Canadian Medical Association, Montreal.
- June 18 (week)—Western Canada Institute for Administrators and Trustees, University of Alberta, Edmonton.
- June 25-27—Congrès des Hôpitaux Catholique du Québec.
- July 15-21—Second Postwar Congress of the International Hospital Federation, Brussels, Belgium.
- Sept. 17-20—American Hospital Association, St. Louis, Mo.
- Oct. 11-12—Saskatchewan Hospital Association, Hotel Saskatchewan, Regina.
- Oct. 16-19—British Columbia Hospitals' Association, Hotel Vancouver, Vancouver.
- Oct. 29-31—Ontario Hospital Association, Royal York Hotel, Toronto.



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### Provincial Notes

(Continued from page 60)

maternity division is set up as a completely separate unit with its own service rooms, examination room, utility room, sterilizing rooms, and nursery. The general division has accommodation for 18 beds plus an isolation ward. This section also contains the admitting room, the main and emergency operating rooms, and the doctors' and nurses' lounges. Present facilities can be expanded to include a 20-bed addition should it become necessary.

\* \* \* \*

SUDBURY. A formal ceremony marked the opening of the new 200-bed Sudbury General Hospital of the Immaculate Heart of Mary. The Hon. MacKinnon Phillips, M.D., provincial health minister, officiated at the ceremony. This new eight-storey hospital is operated by the Sisters of St. Joseph.

### Quebec

MONTREAL. Two cornerstones were recently laid for the construc-

tion of a new nurses' residence at the Catherine Booth Hospital. The new building will cost more than \$200,000 and it is expected that it will be completed early in January. This residence will accommodate 50 student and graduate nurses and will release about 30 beds in the hospital for patients.

\* \* \* \*

MONTREAL. The St. Joseph Sanatorium on Rosemount Boulevard has now been officially opened. This new 522-bed institution was built at a cost of \$5,500,000 with aid from both the provincial and federal government. The hospital is operated by the Sisters of Mercy.

### New Brunswick

SAINT JOHN. A \$1,100,000 addition to the D.V.A. Lancaster Hospital was recently opened. This four-storey structure joins the southern part of the main building to the west side of the annex pavilion. The basement contains stores and the

prosthetic service workshop, while the kitchen is on the first floor. Laboratories and the cafeteria are on the second floor and the third floor contains two and four-bed wards, with a total of 43 beds. A special type of fluorescent bed lamps and a central radio system have been installed. The new addition brings the total bed capacity to 400.

### Nova Scotia

HALIFAX. Tenders will be called early in the new year for the construction of new additions to the Children's Hospital. The present plans call for the construction of two new wings on the south and east sides of the present building. The nurses' residence will be enlarged also. At present there are 98 beds in use and this number will be increased to 206 beds under the new program. The orthopaedic department will be increased from 15 to 30 beds. Operating rooms and administration facilities will be housed in the east wing while the south wing

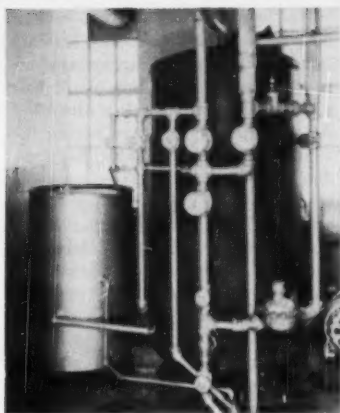
# Christmas



★ At this festive season we at Metal Craft welcome this fitting opportunity to express our appreciation for the Goodwill which has been such a pleasant part of our business associations with so many of our customers during the past year. It is our sincere wish that you may enjoy a Merry Christmas and the happiest of New Years.

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will contain public wards. Building costs are estimated at \$1,000,000.

\* \* \* \*

SYDNEY. Preliminary work has begun on a 153-bed addition to the City Hospital. The new building will be connected to the present 60-bed hospital by two tunnels. The structure will consist of a basement floor, ground floor, and five upper storeys, with the exterior walls of face brick and stone trim, backed with hollow tile and insulated with cork. It is planned to use the new section for maternity and chronic cases and the present maternity hospital will be converted into a nurses' residence. Estimated costs for the project are over \$1,700,000.

#### Model Maternity Clinic Receives Federal Aid

A model clinic to provide prenatal, natal, and post-natal care for mothers and babies is being established at St. Justine's Hospital, Montreal, with financial aid from the federal government. The new clinic, which will be open for three days a week, will be staffed by a paediatrician, a nurse, and a technician. An obstetrician and a psychiatrist will serve part-time, and two nurses will carry out a program of home visits. A blood bank which will be set up will be staffed by two technicians and a laboratory will be established to carry out blood tests and other analyses.

The clinic will be equipped with x-ray apparatus and 10 incubators for premature babies, and an ambulance, with special heating arrangements and oxygen apparatus, will be obtained to transport premature babies to the hospital. The costs of setting up and operating the clinic until the end of the current fiscal year are estimated at \$55,300 which will be met in full by a federal grant. It is expected that approximately 100 persons per week will attend the clinic and the visiting nurses will be able to call on about 40 homes.

Hope springs eternal in the human breast but a wishbone never took the place of a backbone!

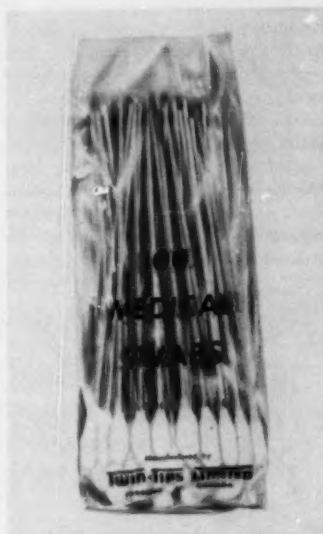
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### The Nursing Situation

(Concluded from page 56)

requested by several for building new and adequate nurses' residences. Further recommendations covered the improvement of working conditions, with modernization of equipment and dietary facilities, centralization of supplies and work areas, et cetera.

Many suggestions were made regarding improvement of the educational system: the standardization of nursing courses to either two or three years to avoid discontent among those taking the longer course; standardization of the courses themselves so that the "Reg. N." applies anywhere in Canada; higher teaching standards with more instructors; training made more attractive to avoid discouraging the students; approaching the department of education with a view to establishing courses for nursing assistants at the vocational schools, experience to be obtained at local hospitals having adequate supervision; development of centralized schools of nursing; training of increased numbers of nursing assist-

ants, orderlies, and male nurses; revision of the present curriculum with the emphasis on essential subjects, taught at a university level so that hospital school graduates could later take a university course and receive credits for subjects already taken. Techniques for the best utilization of the present nursing force received their share of attention, too. Group or shared nursing was mentioned, as well as making better use of trained assistants. It was also suggested that valuable experience could be gained if undergraduates were affiliated with a small rural hospital during the senior year, or if nurses worked in such a hospital for one year after graduation. Recruiting campaigns through press and radio on a province-wide rather than an individual basis were requested.

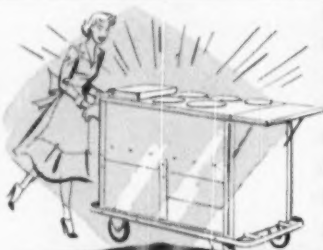
Competition among hospitals with respect to salaries, maintenance, and other inducements is deplored by one administrator. He suggests that standardization and uniformity be introduced (with government institutions included) on either the provincial or national level.

The situation at Red Deer, Al-

berta, is worthy of note as the hospital there (52 beds) has actually received *twenty-one* surplus applications since June of this year; this situation is purely local, as the other hospitals in the area are having the usual amount of trouble. Location, fine recreational facilities provided by the hospital, and proper living accommodation, are considered the important factors here. In fact, this hospital finds that "recreational facilities are very important, more so than salaries paid".

One hospital reviewed the situation with the opinion that an integrated program using aides to relieve nurses of non-professional duties, utilizing more efficiently the available pool of graduate nursing personnel, and interesting suitable nurses in nurse administration work, would solve most of our problems. Another hospital phrased its recommendation "in-a-nut-shell"—by calling for teamwork.

From the foregoing summary of replies received in the course of this survey, it is apparent that much time and thought must yet be devoted to the solving of this vital problem.



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Ring out to Him with songs of praise,  
Who gave this precious gift of light  
In Bethlehem stall, one silent night...

—Margaret Rhynas

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—K. C. Ingram.

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#### Training Course Offered in Hospital Laundry Management

The American Hospital Association is sponsoring a seven-week basic training course in hospital laundry management, which will be conducted at the State University of Iowa, Iowa City, from February 12 to March 30, 1951. Information concerning the course and application forms may be obtained through the American Hospital Association, 18 East Division Street, Chicago 10, Illinois. Ten scholarships are being awarded by the Pacific Mills Education Fund and candidates should request an application blank from Pacific Mills Hospital Education Fund, American Hospital Association. Applications close December 20, 1950, and winners will be notified not later than January 10, 1951.

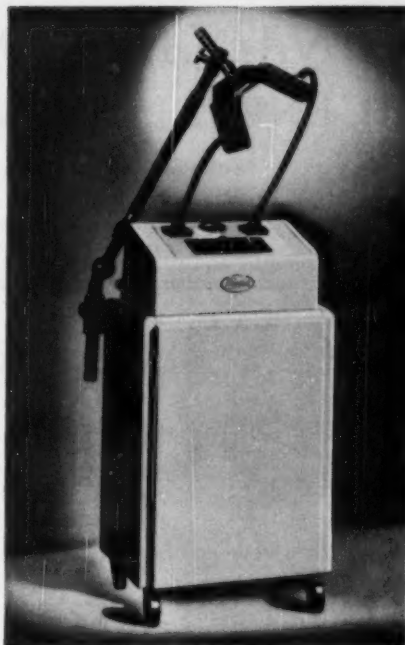
#### Refresher Course for General Practitioners

A refresher course for general practitioners will be held at the Toronto General Hospital on January 24-26, 1951, under the auspices of the Post-Graduate Committee of the Faculty of Medicine, University of Toronto. The program will embrace problems of surgery, medicine, obstetrics, gynaecology, ophthalmology, otolaryngology, and anaesthesia. The fee for the course will be \$15.00, which will include a dinner to be held in conjunction with the course. Applications should be addressed to the Secretary, Post-Graduate Course 1951, Superintendent's Office, Toronto General Hospital, Toronto 2.

#### Ontario Committee to Tackle Problem of Heart Disease

The Ontario Committee on Cardiology, sponsored by the Ontario Medical Association, has been awarded a grant from the federal government to develop a program of research and education responsible for co-ordinating, developing, and extending clinical research and public and professional education on heart diseases. A physician in charge, with his office staff, will work under the Committee on Cardiology with the provincial health department, the medical profession, clinics, research organizations, and the general public.

DECEMBER, 1950



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# The CANADIAN HOSPITAL

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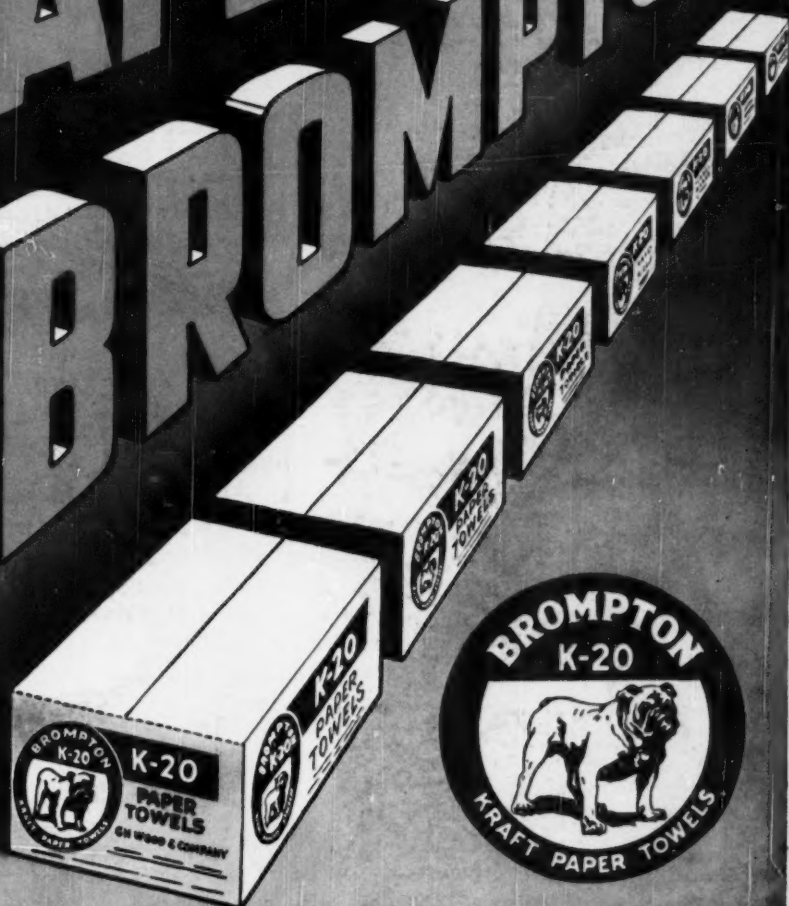
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